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Secretary of State

02-07-2007 90111 031 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000111028

1. Entity Name
MARVIN & JEFF, LLC

Principal Place of Business	Mailing Address
C/O SHUTTS & BOWEN LLP 201 SOUTH BISCAYNE BLVD. MIAMI, FL 33131	C/O SHUTTS & BOWEN LLP 201 SOUTH BISCAYNE BLVD. MIAMI, FL 33131

01092007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
201 S. Biscayne Blvd.		201 S. Biscayne Blvd.	
Suite, Apt. #, etc.: Suite 1500 (LN)		Suite, Apt. #, etc.: Suite 15(LN)	
City & State: Miami, FL 33131		City & State: Miami, FL	
Zip: 33131	Country: USA	Zip: 33131	Country: USA

4. FEI Number: 20-5913[illegible]25 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NOSTRO, LOUIS
201 SOUTH BISCAYNE BLVD., SUITE 1500
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Louis Nostro
Street Address (P.O. Box Number is Not Acceptable): 728 Catalonia Avenue
City: Coral Gables FL Zip Code: 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Louis Nostro 1/23/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager/Member Marvin K. Hewatt 2875 University Parkway Lawrenceville, GA 30043	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager/Member Jeff Russell 2875 University Parkway Lawrenceville, GA 30043	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] (305) 379-9164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #