

FILED
Jun 08, 2007 8:00 am
Secretary of State

02-28-2007 90147 044 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000121166			
1. Entity Name MRM-MARABOU, LLC			
Principal Place of Business 13400 SUTTON PARK DRIVE SOUTH, STE. 1402 JACKSONVILLE, FL 32224		Mailing Address 13400 SUTTON PARK DRIVE SOUTH, STE. 1402 JACKSONVILLE, FL 32224	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		02212007 Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired ☐		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MONTGOMERY, MITCHELL R 13400 SUTTON PARK DRIVE SOUTH, STE. 1402 JACKSONVILLE, FL 32224		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when registering) 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	Managing Member Mitchell R. Montgomery Revocable Trust 13400 Sutton Park Dr., S. Suite 1402 Jacksonville, FL 32224 ☐ 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
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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: 		2-26-07 90147-044-2121	
SIGNATURE AND PRINTED NAME OF SIGNING MANAGER OR DESIGNATED MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	