2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L97000001005

Entity Name: THE MARMAS LIMITED LIABILITY COMPANY

Current Principal Place of Business:

24 SANDALWOOD DRIVE
DAVENPORT, FL 33837

New Principal Place of Business:

117 COSTA MESA DRIVE
THE VILLAGES, FL 32159

Current Mailing Address:

P.O. BOX 1086
DAVENPORT, FL 33836

New Mailing Address:

117 COSTA MESA DRIVE
THE VILLAGES, FL 32159

FEI Number: 59-3471233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARTIN, E. SNOW JR.
200 LAKE MORTON DRIVE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MASON, ROBERT W
Address: 24 SANDALWOOD DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: MGRM ( ) Delete
Name: MASON, GAIL E
Address: 24 SANDALWOOD DRIVE
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MASON, ROBERT W
Address: 117 COSTA MESA DRIVE
City-St-Zip: THE VILLAGES, FL 32159

Title: MGRM (X) Change ( ) Addition
Name: MASON, GAIL E
Address: 117 COSTA MESA DRIVE
City-St-Zip: THE VILLAGES, FL 32159

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GAIL E. MASON PRES 04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date