

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L98000000760**

1. Entity Name  
**MARKS PARTNERSHIP INVESTMENTS, L.C.**



Principal Place of Business  
**120 E. MAIN ST  
STE A  
PENSACOLA, FL 32501**

Mailing Address  
**120 E. MAIN ST  
STE A  
PENSACOLA, FL 32501**



04112007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3519200</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**PANYKO, JOHN A  
200 SOUTH TARRAGONA STREET  
PENSACOLA, FL 32501**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR NASH, NEAL B 120 E. MAIN ST., STE A PENSACOLA, FL 32501</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MARKS, JAMES J JR. 120 E. MAIN ST., STE A PENSACOLA, FL 32501</b>
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04/28/07-80014-018 50.00

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]*

**JAMES J. MARKS JR. 4-16-07 850-429-8640**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #