

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # L98000001311

1. Entity Name
MJ HOTELS OF MARATHON, L.L.C.



Principal Place of Business

**1601 BELVEDERE ROAD, SUITE 407 SOUTH
WEST PALM BEACH, FL 33406**

Mailing Address

**1601 BELVEDERE ROAD, SUITE 407 SOUTH
WEST PALM BEACH, FL 33406**



02082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0848990

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MEYER, WILLIAM A
1601 BELVEDERE ROAD, SUITE 407 SOUTH
WEST PALM BEACH, FL 33406**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

UQ00000874412

04/10/08-80116-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MEYER, WILLIAM A
STREET ADDRESS	1601 BELVEDERE ROAD, SUITE 407 SOUTH
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	MGRM
NAME	JABARA, RICHARD
STREET ADDRESS	7 KENOSIA AVE, STE 2A
CITY-ST-ZIP	DANBURY, CT 06810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: William A Meyer

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

Date

Daytime Phone #

3/27/08

561-689-6602