2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPEDOR

					· !*		
DOCUMENT # M0000002484 1. Entity Name MARLIN MANAGEMENT COMPANY, L.L.C.					FILED		
					01 MAY -7 PM 3: 04		
886 n	Weikel 10. NACE PA 19446	Mailing Address	,		SECRETARY OF S TALLAHASSEE, FI	STATE LORIDA	
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Acdress				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number Applied For Not Applicable			
Zip	Country USA	Zip	Country		ficate of Status Desired	\$5.00 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent		7. Name	e and Address of New Register	ed Agent	
Name							
C . T .	Athorn Real Esta Steven Lathan 565 Kingo by Aug	i.e.	Street Addres	ess (P.O. Box Number is Not Acceptable)			
	Orange Park, Fla.	32071	City			Zip Cod	e
8. The above	e named entity submits this statement	or the purpose of changing it	s registered office or regis	stered agent,	or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NO	TE: Registered Agent signature requ	uired when reinstati	ng) DA'	TE.	
		to process of the second secon	A CONTRACTOR OF THE PARTY OF TH			5608-	==1
		FILEN	IOWIII FEE IS \$50.0	0	<u> </u>	-01066=-0)17:
		Make Check P	ayable to Department	t of State	*****S()_()(] ****5	0.00
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9.	MANAGING MEM	BERS/MEMBERS -	10.		ADDITIONS/CHANG	SES	
TITLE	George 3. Whi	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	3 - 12 10 11 1		NAME				_
STREET ADDRESS	same		STREET ADDRESS				
CITY-ST-ZIP	_		CITY-ST-ZIP				
TITLE	In the state of		TITLE			☐ Change	☐ Addition
NAME	TRICK L. WAG		NAME			_ ,	_
STREET ADDRESS	Holly E. Who		STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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NAME			NAME			_ ,	_
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NAME		_	NAME				
STREET ADDRESS		-	STREET ADDRESS	,	•,	•	
CITY-ST-ZIP			CITY-ST-ZIP				
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NAME .*			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		Delete	TITLE		<u></u>	☐ Change	☐ Addition
NAME			NAME			_ •	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
11. I hereby of indicated limited lich	certify that the information supplied wit on this report is true and accurate and	n this filing does not qualify for that my signature shall have	or the exemption stated in the same legal effect as i	Section 119.0 f made under	7(3)(i), Florida Statutes. I further oath; that I am a managing mer	certify that the in nber or manage	nformation r of the

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE