LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NATIONAL A 1590



FILED

1. Entity Nam	Mar Properties,	L.L.c.		O3 APR 23 AM II: 3 SECRETARY OF STATE TALLAHASSEE, FLORIDA	•
1	DO NOT WRITE	E IN THIS S	PACE	in the state of th	
2. Principal P	Place of Business Upper Sondley D	3. Mailing Address			
Suite, Apt. #, etc. Suite, Apt. #, etc.		. 1977-	DO NOT WRITE IN THIS SI	DO NOT WRITE IN THIS SPACE	
City & State	ville, NC	City & State		4. FEI Number 56–1918733	Applied For Not Applicable
Zip 28805	Country USA	Zip	Country	F. Certificate of Status Desired	5.00 Additional ee Required
	DO NOT W		Street Address	7. Name and Address of Current Registered. Krasker, Esq., Moyl (P.O. Box Number is Not Acceptable) Flagler Drive, 9th F	e, Flanigan
			₩est Pa	alm Beach FL	Zip3C3d401
	ions of registered agent.	or the purpose of changing its	s registered office or registe	ered agent, or both, in the State of Florida. I am far	miliar with, and accept
9,	MANAGING MEMB	Make Check Payal	FEE IS \$50.00 ole to Florida Departmo DUE BY MAY 1	nt of State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM John Wilson 606 Upper Sond Asheville, NC	lley Drive	TITLE NAME STREET ADDRESS CITY+SI-ZP		(00/01) AFRI
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 nuclee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED GRAPHING NAME OF SUCH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-11-03

Daytime Phone #