2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

	AINIOAL	KEPOKI		Canada	of Ctata
DOCUMENT # M01000001659				Secreta	ry of State
1. Entity Name			ST TY	j	
THE PRODUCTION STUDIOS AT MARLIN, LLC					
			1		
Principal Plac	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
3600 COMM	MERCE BLVD.	3600 COMMERCE BLVD.			
KISSIMMEE,		KISSIMMEE, FL 34741			
					ESEN NUMBER WINES WINDS PRINTED ON TWEE
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DO NOT WRITE IN THIS SPACE				04132004No Chg-LLC	R2E083 (10/03)
				4. FEI Number	Applied For
				91-2141972	Not Applicable
1				5. Certificate of Status Desired	\$5.00 Additional
			<u></u> -	5. 55, 11.00	Fee Required
	6. Name and Address of Current Re	gistered Agent		•	
BAKER, RICHARD W			DO NOT WRIT	rF	
2535 SUCCESS DRIVE					
ODESSA, FL 33556				IN THIS SPAC	E
			}		
					
	e named entity submits this statement for the tions of registered agent.	e purpose of changing its registere	ed office or register	ed agent, or both, in the State of Florida. I	am tamiliar with, and accept
tire estige	none of regions on agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and it	itle il applicable (NOTE Registere	d Agent signature required	when reinstating) DA	TE
F	iling Fee is \$50.00 ue by May 1, 2004				
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9.	MANAGING MEMBERS	/MANAGERS		LICOSOS	- mmm s
TITLE	MGR	,	l	00.00000000000000000000000000000000000	32691 1096-003 350.00
NAME STREET ADDRESS	SPEER, ROY 2535 SUCCESS DRIVE		i	03/04/04 - 60	
CITY-ST-ZIP	ODESSA, FL 33556		1		
TITLE	MGR	* * i exe	1		
NAME	BAKER, RICHARD		ļ		
STREET ADDRESS	2535 SUCCESS DRIVE		ĺ		
CITY-ST-ZIP	ODESSA, FL 33566				•
TITLE	MGR		1		
NAME	BACHMAN, CELIA H		l		
STREET ADDRESS	3600 COMMERCE BLVD,	•	j	DO NOT WRI	TF
CTTY-ST-ZIP	KISSIMMEE, FL 34741]		
TITLE	}		1	IN THIS SPACE	Œ
NAME CERSON ADDRESS			ĺ		
STREET ADDRESS CITY-ST-ZIP			Í		
			i		
TITLE Name					
STREET ADDRESS	}		ì		

11. 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 logal 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 AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date

CITY - ST-ZIP

NAME Street address City-St-Zip

> 7-04 4/07-25/- 2020 late Dayting Priorie #