2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000000009

1. Entity Name
MARLIN LOGISTICS AND CONTACTNET, LLC

Principal Place of Business	Mailing Address
3600 COMMERCE BLVD. KISSIMMEE, FL 34741	3600 COMMERCE BLVD. KISSIMMEE, FL 34741

04102006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
88-0514818
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, RICHARD W
2535 SUCCESS DRIVE
ODESSA, FL 33556

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BAKER, RICHARD W
STREET ADDRESS	2535 SUCCESS DRIVE
CITY-ST-ZIP	ODESSA, FL
TITLE	MGR
NAME	SPEER, ROY M
STREET ADDRESS	2535 SUCCESS DRIVE
CITY-ST-ZIP	ODESSA, FL
TITLE	MGR
NAME	BACHMAN, CELIA H
STREET ADDRESS	3600 COMMERCE BLVD.
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/06-80003-023 50.00

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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: R. W Baker Manager 4/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #