## 2004 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

DOCUMENT # M0200000705

Principal Place of Business.

THE MARLIN GROUP, LLC



Mailing Address

3600 COMMERCE BLVD. 3600 COMMERCE BLVD. KISSIMMEE, FL 34741 KISSIMMEE, FL 34741

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



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CR2E083 (10/03)

4. FEI Number 88-0511124

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 SÚCCESS DRIVE ODESSA, FL 33556

## DO NOT WRITE IN THIS SPACE

| ₿. | The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot | h, in the State of Florida | I am familiar with, and accept |
|----|---|----------------------------|--------------------------------|
|    | the obligations of registered agent   | **                         |                                |
|    |   |                            |                                |

CITY-ST-ZIP

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

(NOTE, Registered Agent signature required when reinstaling)

Filing Fee is \$50.00 Due by May 1, 2004

| ı | 9. MANAGING MEMBERS/MANAGERS |                     |
|---|------------------------------|---------------------|
| ĺ | TITLE                        | MGR                 |
| 1 | NAME                         | BAKER, RICHARD W    |
| 1 | STREET ADDRESS               | 2535 SUCCESS DRIVE  |
| 1 | CITY-ST-ZIP                  | ODESSA, FL 33556    |
| 1 | TITLE                        | MGR                 |
| 1 | NAME                         | SPEER, ROY M        |
| J | STREET ADDRESS               | 2535 SUCCESS DRIVE  |
| ł | CTTY-ST-ZIP                  | ODESSA, FL 33556    |
| Ì | UTLE                         | MGR                 |
| ſ | NAME                         | BACHMAN, CELIA      |
|   | STREET ADDRESS               | 3600 COMMERCE BLVD. |
| ļ | CITY-ST-ZIP                  | KISSIMMEE, FL 34741 |
|   | TITLE                        |                     |
|   | NAME                         |                     |
|   | STREET ADDRESS               |                     |
|   | CITY-ST-ZIP                  |                     |
|   | πιε                          |                     |
|   | NAME                         |                     |
| ł | STREET ADDRESS               |                     |
|   | CITY-ST-ZIP                  |                     |
| ţ | TITLE                        |                     |
| 1 | NAME                         |                     |
| 1 | STREET ADDRESS               |                     |

<del>U00000152684</del> 05/04/04-80096-003 358.00

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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 eath, 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

JRE'

CELIA