

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005690

FILED
Apr 23, 2008
Secretary of State

Entity Name: MARSHALL HOLDINGS, L.L.C.

Current Principal Place of Business:

928-D MAR WALT DRIVE
C/O WILLIAM R. MARSHALL, M.D.
FT. WALTON BEACH, FL 32547

Current Mailing Address:

928-D MAR WALT DRIVE
C/O WILLIAM R. MARSHALL, M.D.
FT. WALTON BEACH, FL 32547

New Principal Place of Business:

1034 MAR WALT DRIVE
C/O WILLIAM R. MARSHALL, M.D.
FT. WALTON BEACH, FL 32547

New Mailing Address:

1034 MAR WALT DRIVE
C/O WILLIAM R. MARSHALL, M.D.
FT. WALTON BEACH, FL 32547

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, WILLIAM SCOTT
909 MAR WALT DRIVE
FT. WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

MARSHALL, WILLIAM R
1034 MAR WALT DRIVE
FT. WALTON BEACH, FL 32547 US

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.

SIGNATURE: WILLIAM R MARSHALL 04/23/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MARSHALL, WILLIAM R MD
Address: 928-D MAR WALT DRIVE
City-St-Zip: FT. WALTON BEACH, FL 32547

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARSHALL, WILLIAM R MD
Address: 1034 MAR WALT DRIVE
City-St-Zip: FT. WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM R MARSHALL MGR 04/23/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date