2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M07000000926

MARATHON LAND DEVELOPERS, LLC



FILED Apr 02, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

3129 SPRINGBANK LANE CHARLOTTE, NC 28226

3129 SPRINGBANK LANE CHARLOTTE, NC 28226



03182008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5683251

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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| | named entity submits this statement for the purpose of chan ions of registered agent. | nging its registered office or registered agent, or both, in the State | of Florida. I am familiar with, and accept |
|---------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------|
| SIGNATURE_ | Signatura, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
| FILE After May | NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ALLEN, MINOK LEE 3129 SPRINGBANK LANE CHARLOTTE, NC 28226 | | 000878488 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 08-80056+018/199175 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS | SPACE . |
| TITLE NAME STREET ADDRESS | | | |

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.

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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE