

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000011661

1. Entity Name
 203 N. MARION STREET, L.L.C.



Principal Place of Business

134 BUENA VISTA DRIVE
 DUNEDIN, FL 34698 US

Mailing Address

134 BUENA VISTA DRIVE
 DUNEDIN, FL 34698 US



01302008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 43-2104901

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KOKOLAKIS, JOSEPH J
 202 EAST CENTER ST
 TARPON SPRINGS, FL 34689

DO NOT WRITE IN THIS SPACE

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000912962
 05/07/08-80100-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KOKOLAKIS, JOSEPH J
STREET ADDRESS	134 BUENA VISTA DRIVE
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	MGRM
NAME	KOKOLAKIS, ANNA
STREET ADDRESS	134 BUENA VISTA DRIVE
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____

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

Joseph J. Kokolakis 4/30/08 727-942-2211

Date

Daytime Phone #