

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094180

Entity Name: 128 SAN MARCO AVENUE, LLC

FILED  
May 03, 2007  
Secretary of State

**Current Principal Place of Business:**

100 ARRICOLA AVENUE  
ST. AUGUSTINE, FL 320804515

**New Principal Place of Business:**

1 SEBASTIAN AVENUE  
ST. AUGUSTINE, FL 320843280

**Current Mailing Address:**

P.O. BOX 3443  
ST. AUGUSTINE, FL 320853443

**New Mailing Address:**

FEI Number: 20-3523488      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
DAYTONA BEACH, FL 32114      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: SUNDEMAN, JOHN TRUSTEE  
Address: 100 ARRICOLA AVENUE  
City-St-Zip: ST. AUGUSTINE, FL 320804515

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: SUNDEMAN, JOHN TRUSTEE  
Address: 1 SEBASTIAN AVENUE  
City-St-Zip: ST. AUGUSTINE, FL 320843280

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: JOHN SUNDEMAN

MGRM

05/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date