

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000003655

1. Entity Name
MARCO CENTER, L.L.C.



Principal Place of Business
671 SOUTH COLLIER BLVD
MARCO ISLAND, FL 34145

Mailing Address
12445 OCEAN GATEWAY, SUITE 11
OCEAN CITY, MD 21842



02142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3642311

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, CRAIG R
606 BALD EAGLE DRIVE, SUITE 500
MARCO ISLAND, FL 34145

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LARIA, SHLOMI
1366 MAINSAIL DRIVE, UNIT 1511
NAPLES, FL 34114

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SIBONY, YARON
1501 HORSE POINT COURT
VIRGINIA BEACH, VA 23454

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SIBONY, AVRAHAM
1566 TEAL DRIVE
OCEAN CITY, MD 21842

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SIBONY, DAVID
21399 MARINA COVE CIRCLE, M-18
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SIBONY, PROSPER
20975 NE 30TH PLACE
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Shlomi Laria 4/15/05 2396429102

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

Date

Daytime Phone #