

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90018 017 \*\*\*\*50.00

**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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242006 Chg-LLC CR2E083 (11/05)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
7690 Sicilia Court  
Naples, FL 34114

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
co/ Tyler & Co., PA  
12445 Ocean Gateway, Ste 11  
Ocean City, MD 21842

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
co/ Tyler & Co., PA  
12445 Ocean Gateway, Ste 11  
Ocean City, MD 21842

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Sharon Laria*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/11/06

Date

Daytime Phone #