

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90080 043 ***138.75

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04152008 Chg-LLC CR2E083 (12/06)

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3642311 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				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 7690 SICILA CRT NAPLES, FL 34114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIBONY, YARON 1916 ATLANTIC AVE VIRGINIA BEACH, VA 23451	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIBONY, AVRAHAM 12501 COASTAL HWY OCEAN CITY, MD 21842	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM C/O TYLER AND CO PA 12501 COASTAL HWY OCEAN CITY, MD 21842	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM C/O TYLER AND CO PA 12501 COASTAL HWY OCEAN CITY, MD 21842	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
			Prosper Sibony		
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
			David Sibony		
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
			<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Snow White H. H. H.</u> 4/24/08 239 3930555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					