

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012276

Entity Name: MAKOTEK, LLC

FILED
Jan 12, 2007
Secretary of State

Current Principal Place of Business:

C/O JAMES DECASTRO
2512 WHALE HARBOR LANE
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

C/O JAMES DECASTRO
2512 WHALE HARBOR LANE
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 42-1536603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCIARRETTA, STEVEN A ESQUIRE
C/O STEVEN SCIARRETTA, P.A.
2300 GLADES ROAD, SUITE 302-EAST
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: DECASTRO, JAMES
Address: 2512 WHALE HARBOR LANE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGR () Delete
Name: BELTZ, RICHARD C
Address: 11039 CLIPPER COURT
City-St-Zip: WINDERMERE, FL 34786

Title: MGR () Delete
Name: RETTSTADT, RICHARD M
Address: 2806 NE 12TH ST
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD RETTSTADT

MGR

01/12/2007

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