

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005166

Entity Name: DEMARCAY, L.L.C.

FILED
Apr 02, 2007
Secretary of State

Current Principal Place of Business:

777 S HARBOUR ISLAND BLVD.
SUITE 260
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

777 S HARBOUR ISLAND BLVD.
SUITE 260
TAMPA, FL 33602

New Mailing Address:

FEI Number: 72-1503131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMARCAY, MICHAEL C
777 S HARBOUR ISLAND BLVD.
SUITE 260
TAMPA, FL 33602 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: MGRM () Delete
Name: DEMARCAY, MICHAEL C MGRM
Address: 777 S HARBOUR ISLAND BLVD., SUITE 260
City-St-Zip: TAMPA, FL 33602

Title: MGR () Delete
Name: DEMARCAY, MICHAEL C MGR
Address: 777 S HARBOUR ISLAND BLVD., SUITE 260
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEMARCAY, MICHAEL C
Address: 777 S HARBOUR ISLAND BLVD., SUITE 260
City-St-Zip: TAMPA, FL 33602

Title: MGR (X) Change () Addition
Name: DEMARCAY, MICHAEL C
Address: 777 S HARBOUR ISLAND BLVD., SUITE 260
City-St-Zip: TAMPA, FL 33602

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: MICHAEL C. DEMARCAY

MRGR

04/02/2007

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