2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000023006

1. Entity Name
MARCO PARTNERS, LLC

Principal Place of Business	Mailing Address
1000 S. COLLIER BLVD., #801 MARCO ISLAND, FL 34145	1000 S. COLLIER BLVD., #801 MARCO ISLAND, FL 34145

DO NOT WRITE IN THIS SPACE

04282005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
41-2101685

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SHALLOW, EILEEN F
1000 S. COLLIER BLVD., #801
MARCO ISLAND, FL 34145

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $60.00
Due by May 1, 2005

000000358925
05/04/05-80133-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SHALLOW, THOMAS J SR.
STREET ADDRESS	1444 COLTON ROAD
CITY-ST-ZIP	GLADWYNE, PA 19035
TITLE	MGRM
NAME	SHALLOW, EILEEN F
STREET ADDRESS	1444 COLTON ROAD
CITY-ST-ZIP	GLADWYNE, PA 19035
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Eileen F. Shallow 4/29/05 610-525-8467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #