2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUM	ÆNT	#101	30000	23653

1. Entity Name
MAYFLOWER, LLC



Principal Place of Business

CITY-ST-ZIP

134 OCEANWALK DRIVE S ATLANTIC BEACH, FL 32233 Mailing Address

134 OCEAN WALK DRIVE S. ATLANTIC BEACH, FL 32233



DO NOT WRITE IN THIS SPACE

03052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 42-1598214 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

PATTERSON, BOND & LATSHAW, P.A. 3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250

DO NOT WRITE IN THIS SPACE

the obligations of registered agent					
SIGNATURE.	Signature typed or printed name of registered agent and title if applicable	(NO1): Registered Agent signature required when reinstating)	DATE		
F	iling Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS				
THLE NAME STREET ADDRESS CHY-SI-ZIP	MGR MACKOUL, RICK M 134 OCEANWALK DRIVE SOUTH ATLANTIC BEACH, FL 32233				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000658132 03/15/07-80026-008 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TITLE NAME					

11. I hereby certify that the information supplied with this filling 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: Right Maskey MANAGING MEMBER

2-5-07

904-710-7816

Date

Daytime Phone #