2008 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

1. Entity Name MAYFLOWER, LLC

Principal Place of Business Mailing Address

DOCUMENT # L03000023653

134 OCEANWALK DRIVE S ATLANTIC BEACH, FL 32233 134 OCEAN WALK DRIVE S. ATLANTIC BEACH, FL 32233

FILED Apr 10, 2008 08:00 A Secretary of State



04082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For
42-1598214	Not Applicable
5. Certificate of Status Desired	 0 Additional tequired

6. Name and Address of Current Registered Agent

3010 SOU	ON, BOND & LATSHAW, P.A. TH THIRD STREET VILLE BEACH, FL 32250	1 .	NOT WRITE HIS SPACE
the obligat	named entity submits this statement for the purpose of chairons of registered agent.	nging its registered office or registered agent, or both	n, in the State of Florida I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U00000890300 04/22/08-80089-008 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACKOUL. RICK M 134 OCEANWALK DRIVE SOUTH ATLANTIC BEACH, FL 32233		
TITLE NAME STREET ADDRESS CITY-S1-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY ST-ZIP			
11. I hereby	certify that the information supplied with this filing does not	qualify for the exemptions contained in Chapter 119	9, Florida Statutes, 1 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER **SIGNATURE:**

4-8-08 Date

904-710-7814

Daylime Phone #