


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

F
Jan 25, 20
Secret

DOCUMENT # L04000016297	
1. Entity Name SAN MARCO REALTY, LLC	

Principal Place of Business 13660 JOG ROAD SUITE B-6 DELRAY BEACH, FL 33446 US	Mailing Address 13660 JOG ROAD SUITE B-6 DELRAY BEACH, FL 33446 US
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01092006No Chg-LLC CR2E083 (11/05)

4. FEI Number 35-2226300	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COHEN, JAY 13660 JOG ROAD SUITE B-6 DELRAY BEACH, FL 33446

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHEN, CARYN 13660 JOG ROAD, SUITE #6 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHEN, JAY 13660 JOG ROAD, SUITE #6 DELRAY BEACH, FL 33445
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L040000401327
02/02/06-80040-001 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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: Jay Cohen 1/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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SIGNATURE: NORMERT PHAL MGRM 1/22/2006 561.746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #