2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L04000016297 03-06-2007 90076 029 ****50.00 1. Entity Name SAN MARCO REALTY, LLC Principal Place of Business Mailing Address 60021322 13660 JOG ROAD 13660 JOG ROAD SUITE B-6 SUITE B-6 DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33446 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 35-2226300 Not Applicable Zip Country Ζìρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COHEN, JAY **13660 JOG ROAD** Street Address (P.O. Box Number is Not Acceptable) SUITE B-6 DELRAY BEACH, FL 33446 City Zip Code 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME COHEN, C'ARYN STREET ADDRESS 13660 JOG ROAD, SUITE #6 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33445 CITY-ST-ZIP MGRM Change TITLE ☐ Delete TITLE ☐ Addition COHEN, JAY NAME STREET ADDRESS 13660 JOG ROAD, SUITE #6 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33445 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-st-zip CITY-ST-ZIP TIFLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

Mar 06, 2007 8:00 am