


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # L04000022156	
1. Entity Name MARCO ACRES, L.L.C.	

Principal Place of Business 751 GIRALDA CT MARCO ISLAND, FL 34145	Mailing Address 751 GIRALDA CT MARCO ISLAND, FL 34145
---	---

DO NOT WRITE IN THIS SPACE



03132008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0884297	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
DUBEY, MICHAEL 751 GIRALDA CT MARCO ISLAND, FL 34145	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000873252
04/10/08-80070-012 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUBEY, MICHAEL L 751 GIRALDA CT MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDMAN, JEFFREY H 1141 SWALLOW AVENUE, BLDG 4 - PENTHOUSE MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOMIANO, JOSEPH C 1370 ONTARIO STREET - 6TH FLOOR CLEVELAND, OH 44113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: 	Date: 3/25/08	Daytime Phone #: 239-642-8336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		