FILED
Feb 03, 2006 08:00 AM
Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000041048

1. Entity Name
MEDEIROS SANMARCO REALTY, LLC

Principal Place of Business	Mailing Address
171 SAN MARCO BOULEVARD ST. AUGUSTINE, FL 32082	171 SAN MARCO BOULEVARD ST. AUGUSTINE, FL 32082

DO NOT WRITE IN THIS SPACE

01032006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1170642

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MEDEIROS, MARIA I
171 SAN MARCO BOULEVARD
ST. AUGUSTINE, FL 32082

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 _____ DATE
Signature required for printed name of registered agent and title if applicable (If 07): Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MEDEIROS, ROBERT E
STREET ADDRESS	690 POLO PORT
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	MGRM
NAME	MEDEIROS, ROBERT E
STREET ADDRESS	690 POLO PORT
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	MGRM
NAME	MEDEIROS, MARIA I
STREET ADDRESS	690 POLO PORT
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000420049
02/15/06-80031-013 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: Maria I Medeiros 1-30-06 904-827-2095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #