2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000041048

1. Entity Name

MEDÉIROS SANMARCO REALTY, LLC



Principal Place of Business

171 SAN MARCO BOULEVARD ST. AUGUSTINE, FL 32082 Mailing Address

171 SAN MARCO BOULEVARD ST. AUGUSTINE, FL 32082 FILED Feb 05, 2007 08:00 AM Secretary of State



01162007 No 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

Signature, typed or printed name of registered agent and title if applicable.

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

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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. the obligations of registered agent.	I am familiar with, and accept
s	GIGNATURE	

(NOTE, Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS					
TITLE	MGR					
NAMÉ	MEDEIROS, ROBERT E					
STREET ADDRESS	690 POLO PORT					
CITY-SI-ZIP	ST. AUGUSTINE, FL 32086					
TIFLE	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					
TOTE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
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NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME	·					
STREET ADDRESS						
CITY-ST-ZIP						

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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: >	V/m	Mode		
SIGNATURE AND	TYPED OR PRINTED NAME OF SIGNI	NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #