

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90041 034 ****50.00

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| DOCUMENT # L04000065116 | | | | | |
| 1. Entity Name BRUCE F MARKO II, LLC | | | | | |
| Principal Place of Business 3785 S SAND PIPER TERRACE HOMOSASSA, FL 34448 | | | Mailing Address 3785 S SAND PIPER TERRACE HOMOSASSA, FL 34448 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 07102005 Chg-LLC CR2E083 (10/03) | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MARKO, BRUCE F II 3785 S SAND PIPER TERRACE HOMOSASSA, FL 34448 | | | | 7. Name and Address of New Registered Agent Name <u>N/A</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 <u>NA</u> DATE | | | | | |
| Filing Fee is \$50.00 Due by September 7, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MARKO, BRUCE 3785 S SAND PIPER TERRACE HOMOSASSA, FL 34448 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u> | | | Date <u>7-20-05</u> Daytime Phone # <u>352-457-6266</u> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |