## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000010747

1. Entity Name
MARCO LAKE LAND TRUST, LLC



FILED Apr 24, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

720 GOODLETTE ROAD, SUITE 305 NAPLES, FL 34102 720 GOODLETTE ROAD, SUITE 305 NAPLES, FL 34102



01292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For
20-1985620	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BASIK, KEITH 720 GOODLETTE ROAD, SUITE 305 NAPLES, FL 34102

## DO NOT WRITE IN THIS SPACE

<ol><li>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 accepted obligations of registered agent.</li></ol>					
SIGNATUR	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent argusture required when renatating)	DATE		
	Filing Fee is \$50.00 Due by May 1, 2007		-		
9.	MANAGING MEMBERS/MANAGERS				

TITLE	MGRM
NAME	BASIK, KEITH
STREET ADDRESS	720 GOODLETTE ROAD, SUITE 305
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	MGR
NAME	BASIK, JEFF
STREET ADDRESS	720 GOODLETTE ROAD, SUITE 305
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	MGR
NAME	BASIK, LARRY
STREET ADDRESS	720 GOODLETTE ROAD, SUITE 305
CITY-ST-ZIP	NAPLES, FL 34102
TILE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000728249 05/07/07-80009-019 50.00

DO NOT WRITE IN THIS SPACE

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PROMPED NAME OF SIGNAT MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-1-07 239-262-3210

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Daytime Phone #