


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90025 034 \*\*\*138.75

<b>DOCUMENT # L05000010747</b> 1. Entity Name <b>MARCO LAKE LAND TRUST, LLC</b>					
Principal Place of Business <b>3021 AIRPORT-PULLING RD, SUITE 202 NAPLES, FL 34105</b>			Mailing Address <b>3021 AIRPORT-PULLING RD, SUITE 202 NAPLES, FL 34105</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-1985620</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BASIK, KEITH 720 GOODLETTE ROAD, SUITE 305 NAPLES, FL 34102</b>			7. Name and Address of New Registered Agent Name <u>Basik, Keith</u> Street Address (P.O. Box Number is Not Acceptable) <u>3021 Airport Rd. #202</u> City <u>Naples</u> <b>FL</b> Zip Code <u>34105</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BASIK, KEITH 720 GOODLETTE ROAD, SUITE 305 NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Basik, Keith 3021 Airport Rd. #202 Naples, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BASIK, JEFF 720 GOODLETTE ROAD, SUITE 305 NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Basik, Jeff 3021 Airport Rd. #202 Naples, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BASIK, LARRY 720 GOODLETTE ROAD, SUITE 305 NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Basik, Larry 3021 Airport Rd. #202 Naples, FL 34105
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	
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	
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.					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date				Daytime Phone #	