2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# L05000012354

Entity Name: MAKEVA ENTERPRISES, L.C.

Current Principal Place of Business:

1401 MARYLAND AVENUE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

1401 MARYLAND AVENUE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, THOMAS J ESQ
BROWN AND BROWN ATTORNEYS AT LAW, P.A.
1102 EAST TENNESSEE STREET
TALLAHASSEE, FL 323086912 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	PHILLIPS, KENNETH W	
Address:	1401 MARYLAND AVENUE	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	MGR	( ) Delete
Name:	SEXTON-PHILLIPS, VALERIA	
Address:	1504 WISCONSIN AVENUE	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	MGR	( ) Delete
Name:	PHILLIPS, MICHAEL	
Address:	1504 WISCONSIN AVENUE	
City-St-Zip:	LYNN HAVEN, FL 32444	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENNETH W. PHILLIPS MGR 04/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date