


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90060 048 ****50.00

DOCUMENT # L05000089310 1. Entity Name E&V MARCO ISLAND REAL ESTATE LLC	
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Principal Place of Business 1178 BREAKWATER CT. MARCO ISLAND, FL 34145	Mailing Address 1178 BREAKWATER CT. MARCO ISLAND, FL 34145 US
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60044186



2. Principal Place of Business - No P.O. Box # 1307 Riverhead Avenue	3. Mailing Address 1307 Riverhead Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01312007 Chg-LLC CR2E083 (12/06)

City & State Marco Island, Florida	City & State Marco Island, Florida
Zip 34145	Country US
Zip 34145	Country US

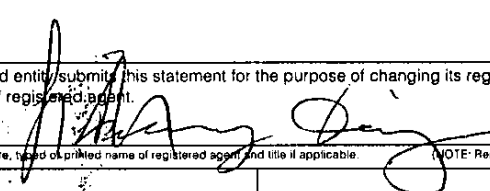
4. FEI Number 25-1926289	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BOLSEN, STEFAN 1178 BREAKWATER CT. MARCO ISLAND, FL 34145	
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7. Name and Address of New Registered Agent	
Name Maurice Dailey	
Street Address (P.O. Box Number is Not Acceptable) 1307 Riverhead Avenue	
City Marco Island	FL Zip Code 34145

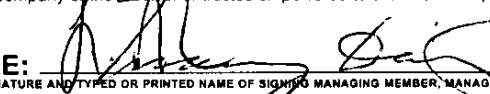
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 3/27/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOLSEN, STEFAN 1178 BREAKWATER CT. MARCO ISLAND, FL 34145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Maurice Dailey 1307 Riverhead Avenue Marco Island, FL 34145 <input type="checkbox"/> Change <input checked="" 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 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:  DATE 3/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE