

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000108981

1. Entity Name
MAKARIOS SOUTH ST. AUGUSTINE, LLC



**FILED
Apr 06, 2006 8:00 am
Secretary of State**

04-06-2006 90296 041 ***150.00

Principal Place of Business
2225 A1A-SOUTH, SUITE C-8
ST. AUGUSTINE, FL 32080

Mailing Address
P.O. BOX 840100
ST. AUGUSTINE, FL 32080



03272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0558522

Applied For

Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SYKES, W. STEVE
2225 A1A SOUTH, SUITE C-8
ST. AUGUSTINE, FL 32080

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME COLE, SCOTT III
STREET ADDRESS 2225 A1A SOUTH, SUITE C-8
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

Delete

Change Addition

TITLE MGRM
NAME SYKES, W. STEVE
STREET ADDRESS 2225 A1A SOUTH, SUITE C-8
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/3/06

Date

Daytime Phone #