


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90071 012 ***138.75

DOCUMENT # L05000108981	
1. Entity Name MAKARIOS SOUTH ST. AUGUSTINE, LLC	

Principal Place of Business 2225 A1A SOUTH, SUITE C-8 ST. AUGUSTINE, FL 32080	Mailing Address P.O. BOX 840100 ST. AUGUSTINE, FL 32080
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2. Principal Place of Business - No P.O. Box # 32 Louise Street	3. Mailing Address 32 Louise Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

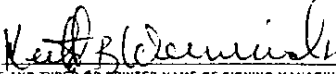
City & State St. Augustine, FL	City & State St. Augustine, FL
Zip 32084	Country USA
Zip 32084	Country USA

6. Name and Address of Current Registered Agent SYKES, W. STEVE 2225 A1A SOUTH, SUITE C-8 ST. AUGUSTINE, FL 32080	
7. Name and Address of New Registered Agent Name Keith B. Werninck Street Address (P.O. Box Number is Not Acceptable) 32 Louise Street City St. Augustine FL 32084	

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 	Keith B. Werninck, MGRM	DATE 1/18/08
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	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	MGRM COLE, SCOTT III 2225 A1A SOUTH, SUITE C-8 ST. AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Keith B. Werninck 32 Louise Street St. Augustine, FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SYKES, W. STEVE 2225 A1A SOUTH, SUITE C-8 ST. AUGUSTINE, FL 32080 <input checked="" 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
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.	
SIGNATURE:  Keith B. Werninck	Date 1/18/08 Daytime Phone # 904-829-6422
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	

60003651



01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 51-0558522	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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