

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108981

FILED  
Jan 28, 2009  
Secretary of State

**Entity Name:** MAKARIOS SOUTH ST. AUGUSTINE, LLC

**Current Principal Place of Business:**

32 LOUISE ST  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

32 LOUISE ST  
SAINT AUGUSTINE, FL 32084 US

**Current Mailing Address:**

32 LOUISE ST  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

32 LOUISE ST  
SAINT AUGUSTINE, FL 32084 US

**FEI Number:** 51-0558522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WERNICK, KEITH B  
32 LOUISE ST  
SAINT AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

WERNINCK, KEITH B  
32 LOUISE ST  
SAINT AUGUSTINE, FL 32084 US

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: KEITH B WERNINCK

01/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WERNINCK, KEITH B  
Address: 32 LOUISE ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WERNINCK, KEITH B  
Address: 32 LOUISE ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

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: KEITH B WERNINCK

MGRM

01/28/2009

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