
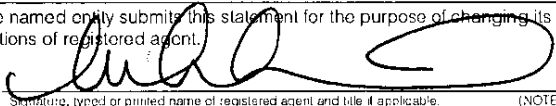
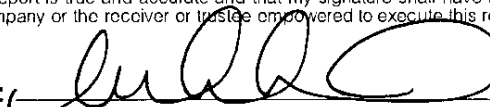


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90180 038 \*\*\*\*50.00

<b>DOCUMENT # L05000117049</b> 1. Entity Name <b>DEMARCO HOLDINGS, LLC</b>					
Principal Place of Business <b>3598 WESTOVER ROAD ORANGE PARK FL 32003</b>				Mailing Address <b>3598 WESTOVER RD ORANGE PARK FL 32003</b>	
2. Principal Place of Business - No P.O. Box # <b>1835-8 EAST WEST PKWY</b>		3. Mailing Address <b>1835-8 EAST WEST PKWY</b>			
Suite, Apt. #, etc. <b>8</b>		Suite, Apt. #, etc. <b>8</b>			
City & State <b>ORANGE PARK FL</b>		City & State <b>ORANGE PARK FL</b>		4. FEI Number <b>20-3901086</b>	
Zip <b>32003</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FORDHAM, SCOTT B 1241 S MCDUFF AVE JACKSONVILLE FL 32205</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  DATE <b>1/29/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>STEINHOUR, MARC S</b> <b>3598 WESTOVER RD</b> <b>ORANGE PARK FL 32003</b>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>DEMELLO, DAVID A</b> <b>6714 RIVERCREST DR</b> <b>JACKSONVILLE FL 32226</b>			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 Section 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:  <b>Marc Steinhour</b> DATE <b>1/29/07</b> DAYTIME PHONE # <b>904-237-6122</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					