## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 08, 2007 8:00 am Secretary of State

DOCUMENT # L06000007557  1. Entity Name MARDUK ACRES LLC						05-08-200	7 90116 034	****5	50.00	
Principal Place of Busine	Mailing Address									
212 S. MAGNOLIA AVE. TAMPA, FL 33606		212 S. MAGNOLIA AVE. TAMPA, FL 33606		1 /BE(18/6 B/1 8		00499		121		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202007	Chg-LLC	CR2E083 (1	12/06)			
City & State		City & State		FEI Number	19039	ス		plied For Applicable		
Zip	Country	Zip	Coun	try	5. Certificate o	f Status Desired		00 Addi Required		
6. Name and Address of Current Re		egistered Agent		Name	7. Name and A	ddress of New F	legistered Agent	t		
TATE, MARK T	•			-						
212 S. MAGNOLIA AVE. TAMPA, FL 33606				Street Address (	(P.O. Box Number is Not Acceptable)					
				Cit.				7:- O		
				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 bitle if applicable (NOTE Registered Agent signature required when renstating)  DATE										
Signature, type					wire, ice parage (g)		DATE			
Filing Fee	is \$50.00 ny 1, 2007						e check payab a Department o		,	
Filing Fee Due by M: 9.	is \$50.00	RS/MANAGERS	10.		, and the same of		se check payab a Department o /CHANGES	of State		
Filing Fee Due by Ma	MANAGING MEMBE	RS/MANAGERS	10. Title Nami	E ET ADDRESS		Florid	se check payab a Department o /CHANGES		Addition	
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1. 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: 1 ATE I LATE I LATE

813-254-6477

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