2008 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # L06000007557

1. Entity Name MARDUK ACRES LLC

Principal Place of Business

Mailing Address

212 S. MAGNOLIA AVE. TAMPA, FL 33606

212 S. MAGNOLIA AVE. TAMPA, FL 33606

FILED May 01, 2008 08:00 AN Secretary of State



04242008 No Chg-LLC

CR2E083 (12/07)

86-0890392

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

TATE, MARK T 212 S. MAGNOLIA AVE. TAMPA, FL 33606

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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	t
	the obligations of registered agent.	
~	OVATURE.	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000941869 05/28/08-80124-007 138.75

DATE

MANAGING MEMBERS/MANAGERS 9. MGR TITLE TATE, MARK T NAME 212 SOUTH MAGNOLIA AVE STREET ADDRESS CITY - ST - ZIP TAMPA, FL 33606 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

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