


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

04-16-2007 90338 021 ****50.00

| | | | | | |
|--|---|---------------------------------|--|--|---|
| DOCUMENT # L06000011661 1. Entity Name 203 N. MARION STREET, L.L.C. | | | |  | |
| Principal Place of Business 134 BUENA VISTA DRIVE DUNEDIN, FL 34698 US | | | Mailing Address 134 BUENA VISTA DRIVE DUNEDIN, FL 34698 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 43-2104901 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 02272007 Chg-LLC CR2E083 (12/06) | |
| 6. Name and Address of Current Registered Agent BOUTZOUKAS, MICHAEL E 111 N. BELCHER RD., SUITE 201 BAKKALAPULO & BOUTZOUKAS, P.A. CLEARWATER, FL 33765 | | | 7. Name and Address of New Registered Agent Name <u>JOSEPH J. KOKOLAKIS</u> Street Address (P.O. Box Number is Not Acceptable) <u>202 EAST CENTER ST</u> City <u>TARPON SPRINGS</u> FL Zip Code <u>34659</u> | | |
| 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 <u>JOSEPH J. KOKOLAKIS</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE <u>2/27/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | Make check payable to: Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KOKOLAKIS, JOSEPH J 134 BUENA VISTA DRIVE DUNEDIN, FL 34698 | <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 | MRGM KOKOLAKIS, ANNA 134 BUENA VISTA DRIVE DUNEDIN, FL 34698 | <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 |
| 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: <u>JOSEPH J. KOKOLAKIS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date <u>2/27/07</u> Daytime Phone # <u>727 942-2211</u> | | |