


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90186 042 \*\*\*\*50.00

<b>DOCUMENT # L06000037294</b>	
1. Entity Name <b>MARDON/SRQ, LLC</b>	

Principal Place of Business <b>2033 MAIN STREET SUITE 600 SARASOTA, FL 34237</b>	Mailing Address <b>2033 MAIN STREET SUITE 600 SARASOTA, FL 34237</b>
---	---

2. Principal Place of Business - No P.O. Box # <b>1920 Northgate Blvd</b>	3. Mailing Address <b>1920 Northgate Blvd</b>
Suite, Apt. #, etc. <b>Suite A7</b>	Suite, Apt. #, etc. <b>Suite A7</b>
City & State <b>Sarasota FL</b>	City & State <b>Sarasota FL</b>
Zip <b>34234</b>	Country



03222007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>PFLUGNER, J GEOFFREY 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237</b>	
--	--

7. Name and Address of New Registered Agent Name <b>Mario L. Comparetto</b> Street Address (P.O. Box Number is Not Acceptable) <b>1920 Northgate Blvd Suite A7</b> City <b>Sarasota</b> FL Zip Code <b>34234</b>	
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 <b>Mario Comparetto</b> DATE <b>3/22/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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
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: <b>Mario Comparetto</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date _____ Daytime Phone # _____