

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 A
Secretary of State

DOCUMENT # L06000106637 1. Entity Name MACHIO REAL ESTATE HOLDINGS, LLC	
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Principal Place of Business 7806 KINGSPONTE PKWY ORLANDO, FL 32819 US	Mailing Address 7806 KINGSPONTE PKWY ORLANDO, FL 32819 US
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5831071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MEINERS, LOUIS M JR 3073 HORSESHOE DRIVE SOUTH STE. 210 NAPLES, FL 34104
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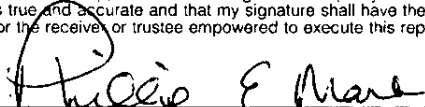
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARK, PHILLIP 7806 KINGSPONTE PKWY ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARK, MARY 7806 KINGSPONTE PKWY ORLANDO, FL 32819
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<p>U00000817124 02/14/08-80081-002 143.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	2/4/08 ³²¹⁻ 445-2450 <small>Date Daytime Phone #</small>