4/15/2

FILED
May 27, 2008 8:00 am
Secretary of State
04-15-2008 90114 044 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000015004

1. Entity Name
DEMA ASSOCIATES, LLC

30007703

Principal Place of Business	Mailing Address
5509 PENNOCK POINT RD JUPITER, FL 33458	5509 PENNOCK POINT RD JUPITER, FL 33458

04102008 Chg-LLC CR2E083 (12/06)

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 75-3231283 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PILOTTE, FRANK T 340 ROYAL PALM WAY, STE 100 PALM BEACH, FL 33480	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MACRICOSTAS, CONSTANTINE 5509 PENNOCK POINT RD JUPITER, FL 33458	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MACRICOSTAS, MARIE C 5509 PENNOCK POINT RD JUPITER, FL 33458	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MACRICOSTAS, GEORGE 5509 PENNOCK POINT RD JUPITER, FL 33458	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MACRICOSTAS, GEORGE 930 TAHOE BLVD., #802-525 INCLINE VILLAGE, NV 89451	☒ Change ☐ Addition
TITLE / NAME / STREET ADD / CITY-ST-ZI			ADDRESS / ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADD / CITY-ST-ZI			ADDRESS / ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET AI / CITY-ST-			ADDRESS / ZIP		☐ Change ☐ Addition

Sorry for this omission.
Thank you.
Marie C. Macricostas

11. I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 605, Florida Statutes.

SIGNATURE: Marie C. Macricostas MARIE C. MACRICOSTAS 4/10/08 561-745-5568
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #