

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

04-01-2008 90064 007 ***138.75

L07000100107

DOCUMENT # L07000100107

1. Entity Name

123 SAN MARCO AVENUE, LLC



FILED

08 APR 28 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2820 U.S. HIGHWAY 1 SOUTH, SUITE J
ST. AUGUSTINE FL 32086

Mailing Address
2820 U.S. HIGHWAY 1 SOUTH, SUITE J
ST. AUGUSTINE FL 32086

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

216-1181068

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEDUC, HENRY N
2820 U.S. HIGHWAY 1 SOUTH, SUITE J
ST. AUGUSTINE FL 32086

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

Signature, typed or printed name and date required upon filing (NOTE: Registered Agent's signature required when renewing)

(NOTE: Registered Agent's signature required when renewing)

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 MGR
NAME LEDUC, HENRY N
STREET ADDRESS 2820 U.S. HIGHWAY 1 SOUTH, SUITE J
CITY-ST-ZIP ST. AUGUSTINE FL 32086

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

3/16/08

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