

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90043 028 \*\*\*\*55.00

<b>DOCUMENT # L99000006284</b>						
<b>1. Entity Name</b> <b>MARCO SUNSET ENTERPRISES LLC.</b>						
<b>Principal Place of Business</b> <b>404 SOUTH MELVILLE AVENUE</b> <b>TAMPA, FL 33606</b>			<b>Mailing Address</b> <b>1325 W. CASS STREET</b> <b>TAMPA, FL 33606</b>			
<b>2. Principal Place of Business</b> <b>29 Cutter Road</b>		<b>3. Mailing Address</b> <b>29 Cutter Road</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
<b>City &amp; State</b> <b>MORRIS PLAINS NJ</b>		<b>City &amp; State</b> <b>MORRIS PLAINS, NJ</b>				
<b>Zip</b> <b>07950</b>		<b>Country</b> <b>USA</b>		<b>Zip</b> <b>07950</b>		
<b>Country</b> <b>USA</b>		<b>4. FEI Number</b> <b>59-3612384</b>				
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>FL</b>				<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>		
<b>6. Name and Address of Current Registered Agent</b> <b>AGACINSKI, CATHERINE F</b> <b>404 SOUTH MELVILLE AVENUE</b> <b>TAMPA, FL 33606</b>						
<b>7. Name and Address of New Registered Agent</b>						
Name						
Street Address (P.O. Box Number is Not Acceptable)						
City						
State <b>FL</b> Zip Code						
<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.</b>						
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when re-registering)						
Signature, typed or printed name of registered agent and title if applicable.						
DATE						
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>				
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <b>AGACINSKI, CATHERINE F</b> <b>404 SOUTH MELVILLE AVENUE</b> <b>TAMPA, FL 33606</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <b>AGACINSKI, Catherine F.</b> <b>29 Cutter Road</b> <b>MORRIS PLAINS, New Jersey 07950</b>	
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>			<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <b>AGACINSKI, MARTIN J, JR</b> <b>29 Cutter Road</b> <b>MORRIS PLAINS, New Jersey 07950</b>	
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>			<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <b>GREEN, AUDREY J.</b> <b>4 Leamoor Drive</b> <b>MORRIS PLAINS, NJ 07950</b>	
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>			<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <b>GREEN, JAMES</b> <b>4 Leamoor Drive</b> <b>MORRIS PLAINS, New Jersey 07950</b>	
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>			<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	_____	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>						
<b>SIGNATURE:</b> <u>Catherine F. Agacinski</u>						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE						
Date <u>4/6/06</u> Daytime Phone # <u>973-539-5027</u>						