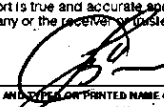


FILED
Jul 23, 2003 8:00 A.M.
Secretary of State

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99000008006			
1. Entity Name MARCO DEVELOPMENT, LLC			
Principal Place of Business 1061 S. BARFIELD DRIVE MARCO ISLAND, FL 34145		Mailing Address 1061 S. BARFIELD DRIVE MARCO ISLAND, FL 34145	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 52-2205193		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	
IVASHKOV, VLADIMIR 1061 S. BARFIELD DR. MARCO ISLAND, FL 34145		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning.)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IVASHKOV, VLADIMIR 1061 S. BARFIELD DR. MARCO ISLAND, FL 34145 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	70002169236 07/21/03--01018--003 ☐ Change ☐ Addition ***50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VLADIMIR, SAPOZHNIKOV 1225 RIVER ROAD, APT. #4A EDGEWATER, NJ 07020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700021692367 07/21/03--01018--004 ☐ Change ☐ Addition ***5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		(201) VLADIMIR SAPOZHNIKOV 07/15/03 779-2726	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			