


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90184 010 ****50.00

DOCUMENT # L99000009086			
1. Entity Name MAKARIOS, L.L.C.			
Principal Place of Business 5366 FIFTH ST. SAINT AUGUSTINE FL 32080		Mailing Address 5366 FIFTH ST. SAINT AUGUSTINE FL 32080	
2. Principal Place of Business 442 OCEAN FOREST DR.		3. Mailing Address 442 OCEAN FOREST DR.	
Suite, Apt. #, etc. 5		Suite, Apt. #, etc.	
City & State ST. AUGUSTINE FL		City & State ST. AUGUSTINE	
Zip 32080	Country ST. JOHNS	Zip FL	Country 32080
6. Name and Address of Current Registered Agent BROWN, RONALD W ESQUIRE 66 CUNA STREET, STE A ST AUGUSTINE FL 32084		7. Name and Address of New Registered Agent 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 _____ <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 \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUSH, JOAN 5366 FIFTH ST. SAINT AUGUSTINE FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 442 OCEAN FOREST DR. ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLE, SCOTT 311 WEFF RD. ST. AUGUSTINE FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM NEWTON, WALKER L A1A BEACH BLVD. ST. AUGUSTINE FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Joan M. Brush</i> JOAN M BRUSH		Date _____ Daytime Phone # (904) 441-5325	