



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90077 009 \*\*\*\*50.00

<b>DOCUMENT # L99000009086</b> 1. Entity Name <b>MAKARIOS, L.L.C.</b>			
Principal Place of Business <b>442 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32080</b>		Mailing Address <b>442 OCEAN FOREST DR. SAINT AUGUSTINE, FL 32080</b>	
2. Principal Place of Business <b>2225 A1A South</b> Suite, Apt. #, etc. <b>C-8</b>		3. Mailing Address <b>P.O. Box 840100</b> Suite, Apt. #, etc.	
City & State <b>St. Augustine, Florida</b>		City & State <b>St. Augustine, Florida</b>	
Zip <b>32080</b>	Country <b>U.S.A.</b>	Zip <b>32080</b>	Country <b>U.S.A.</b>
4. FEI Number <b>59-3614847</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BROWN, RONALD WESQUIRE 66 CUNA STREET, STE A ST AUGUSTINE, FL 32084</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 re-registering) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE	NAME	TITLE	NAME
	<b>MGRM</b>		<b>MGRM</b>
	<b>BRUSH, JOAN</b>		<b>Cole, Scott III</b>
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>442 OCEAN FOREST DR.</b>	STREET ADDRESS	<b>P.O. Box 840100</b>
CITY-ST-ZIP	<b>SAINT AUGUSTINE, FL 32080</b>	CITY-ST-ZIP	<b>St. Augustine, FL 32080</b>
	<b>MGRM</b>		<b>MGRM</b>
	<b>COLE, SCOTT</b>		<b>Newton, Walker L</b>
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>311 WEFF RD.</b>	STREET ADDRESS	<b>P.O. Box 840100</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32080</b>	CITY-ST-ZIP	<b>St. Augustine, FL 32080</b>
	<b>MEM.</b>		
	<b>NEWTON, WALKER L</b>		
	<input type="checkbox"/> Delete		
STREET ADDRESS	<b>A1A BEACH BLVD.</b>		
CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32080</b>		
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.			
<b>SIGNATURE:</b>  <small>SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>4-12-05 (904) 461-5505</b> <small>Date Daytime Phone #</small>	