# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 17, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L99000009086

1. Entity Name
MAKARIOS, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 2225 A1A SOUTH<br>SUITE C-8<br>SAINT AUGUSTINE, FL 32080 | P.O. BOX 840100<br>SAINT AUGUSTINE, FL 32080 |

**DO NOT WRITE IN THIS SPACE**

03272006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3614847
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, RONALD W ESQUIRE
66 CUNA STREET, STE A
ST AUGUSTINE, FL 32084

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is $50.00**
**Due by May 1, 2006**

U00000515588
04/29/06-80212-016 50.00

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | COLE, III, SCOTT |
| STREET ADDRESS | P.O. BOX 840100 |
| CITY-ST-ZIP | ST. AUGUSTINE, FL 32080 |
| TITLE | MGRM |
| NAME | NEWTON, WALKER L |
| STREET ADDRESS | P.O. BOX 840100 |
| CITY-ST-ZIP | ST. AUGUSTINE, FL 32080 |
| TITLE | |
| NAME | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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.

**SIGNATURE:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #