2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

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Entity Name: MAKARIOS, L.L.C.

Current Principal Place of Business:

2225 A1A SOUTH
SUITE C-8
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

100-1 ISLANDER DR
SAINT AUGUSTINE, FL 32080

Current Mailing Address:

P.O. BOX 840100
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-3614847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SYKES, W STEVE
2225 A1A SOUTH
SUITE C-8
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

COLE, III, SCOTT
100-1 ISLANDER DR
ST AUGUSTINE, FL 32080 US

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.

SIGNATURE: SCOTT COLE III 04/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: COLE, III, SCOTT
Address: P.O. BOX 840100
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM ( ) Delete
Name: NEWTON, WALKER L
Address: P.O. BOX 840100
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT COLE III MGRM 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date