

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

|                                                                                   |         |                                                                                   |         |
|-----------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # M04000005693</b>                                                    |         |  |         |
| 1. Entity Name<br><b>MARCO ISLAND LLC</b>                                         |         |                                                                                   |         |
| Principal Place of Business<br><b>371 COTTAGE COURT<br/>MARCO ISLAND FL 34145</b> |         | Mailing Address<br><b>371 COTTAGE COURT<br/>MARCO ISLAND FL 34145</b>             |         |
| 2. Principal Place of Business                                                    |         | 3. Mailing Address                                                                |         |
| Suite, Apt. #, etc.                                                               |         | Suite, Apt. #, etc.                                                               |         |
| City & State                                                                      |         | City & State                                                                      |         |
| Zip                                                                               | Country | Zip                                                                               | Country |



1st MOORE CR2E083 (10/05)

4. FEI Number **20-1963811** ☐ Applied For ☐ Not Applied

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

|                                                                                                                           |  |                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>BOYER, JENNIFER<br/>371 COTTAGE COURT<br/>MARCO ISLAND FL 34145</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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS                       |                                                                                                                    | 10. ADDITIONS/CHANGES                              |                                                                                                                       |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGPM<br/>COOPER, GARY<br/>525 N CLEVELAND-MASSILLON ROAD<br/>AKRON OH 44333</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>000000417438<br/>02/13/06-80055-018 50.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Section 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:**

*[Handwritten Signature]*

**1-3106 330-666-3777**