

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034935

FILED
Apr 06, 2006
Secretary of State

Entity Name: MACWOOD 3, LLC

Current Principal Place of Business:

1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

515 FAIR VISTA COURT
WEXFORD, PA 15090

New Mailing Address:

FEI Number: 56-2462307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, B. PAUL
1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MACHI, JOSEPH S
Address: 515 FAIR VISTA COURT
City-St-Zip: WEXFORD, PA 15090

Title: MGR () Delete
Name: WOODCOCK, LAWRENCE
Address: 2231 KYLE DRIVE
City-St-Zip: HEBRON, KY 41048

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: BENHASE, DANIEL B
Address: 7473 SHAKER RUN LANE
City-St-Zip: WEST CHESTER, OH 45069

Title: MGR () Change (X) Addition
Name: BATEMAN, BRUCE R
Address: PO BOX 952646
City-St-Zip: LAKE MARY, FL 32795

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH S. MACHI

MGR

04/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date