

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036322

FILED
May 02, 2007
Secretary of State

Entity Name: MACCONTROL LLC

Current Principal Place of Business:

120 N.E. 27TH STREET, #100
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

120 N.E. 27TH STREET, #100
MIAMI, FL 33137

New Mailing Address:

FEI Number: 20-3539346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TRANSCORPORATE SERVICES INC.
269 GIRALDA AVENUE, SUITE 201
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MARABOTTO & RODRIGUEZ LLC
269 GIRALDA AVENUE, SUITE 201
CORAL GABLES, FL 33134 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: HILLARY K. RODRIGUEZ, VP

05/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HIRSCH, DOUGLAS
Address: 120 NE 27TH ST. SUITE 100
City-St-Zip: MIAMI, FL 33137

Title: CTO () Delete
Name: KILLION, KYLE
Address: 120 NE 27TH ST. SUITE 100
City-St-Zip: MIAMI, FL 33137

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: KYLE KILLION

CTO

05/02/2007

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