


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90095 035 ****50.00

DOCUMENT # L04000055547	
1. Entity Name MACDONALD DRIVE ASSOCIATES, L.L.C.	

Principal Place of Business 160 N.W. 7TH STREET BOCA RATON, FL 33432	Mailing Address 160 N.W. 7TH STREET BOCA RATON, FL 33432
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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02112005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1528397	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
FRITZ, GEORGE J 160 N.W. 7TH STREET BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRITZ, GEORGE J		NAME	
STREET ADDRESS 160 N.W. 7TH STREET		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON, FL 33432		CITY-ST-ZIP	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRITZ, KEVIN G		NAME	
STREET ADDRESS 5 HENNING DRIVE		STREET ADDRESS	
CITY-ST-ZIP FAIRFIELD, NJ 07004		CITY-ST-ZIP	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRITZ, ROBERT G		NAME	
STREET ADDRESS 3 GARNER ROAD		STREET ADDRESS	
CITY-ST-ZIP BLOOMSBURY, NJ 08804		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert G Fritz MGR 4-22-05 7324896292
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Data Daytime Phone #