## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L04000068761**

1. Entity Name
MACA REALTY HOLDINGS LLC



Principal Place of Business

3839 WEST 16TH AVENUE HIALEAH, FL 33012 US

Mailing Address

3839 WEST 16TH AVENUE HIALEAH, FL 33012 US

## FILED Feb 06, 2006 8:00 am Secretary of State

02-06-2006 90173 025 \*\*\*\*50.00

**EUVUDAUL** 



01182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2165772

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required ...

6. Name and Address of Current Registered Agent

CAYON, MAURICE 3839 WEST 16TH AVENUE HIALEAH, FL 33012

DO	NOT	WRITE
IN	THIS	SPACE

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					
			Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGR		1		
NAME	VENTURE ONE, LLC				
STREET ADDRESS	3839 WEST 16TH AVENUE				
CITY-ST-ZIP	HIALEAH, FL 33012				
TITLE			1		
NAME					
STREET ADDRESS				,	
CITY-ST-ZIP					
TITLE			Ì		
NAME					
STREET ADDRESS			l 50	NOT MOITE	
CITY-ST-ZIP			סט ן	NOT WRITE	
TITLE			1 1817	THE CRACE	
NAME			IN I	THIS SPACE	
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME				İ	
STREET ADDRESS			·		
CITY-ST-ZIP					
TITLE		-··	1		
NAME					
STREET ADDRESS	<u> </u>		ero en		
CITY+ST+7IP					

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

90-18-10

202-364-85e5

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #