الأعواء سرج

## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000068761

1. Entity Name
MACA REALTY HOLDINGS LLC



FILED Mar 12, 2008 08:00 A Secretary of State

Principal Place of Business

3839 WEST 16TH AVENUE HIALEAH, FL 33012 US Mailing Address

3839 WEST 16TH AVENUE HIALEAH, FL 33012 US



02152008 No Chg-LLC

CR2E083 (12/07)

	5 00 Additional
20-2165772	Not Applicable
4. FEI Number	Applied For

Certificate of Status Desired

- **\$5.00** Additiona Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

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

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<ol><li>The above named entity submits this statement for the purpose of changing if the obligations of registered agent.</li></ol>	its registered office or registered agent, or both, in the State of Flor	rida. I am familiar with, and accept
the obligations of registered agent.		
SIGNATURE		

(NOTE: Registered Agent signature required when reinstaling)

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VENTURE ONE, LLC 3839 WEST 16TH AVENUE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS GITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000855411 03/27/08-80047-007 143.75

DATE

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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 or turslee ampowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

03-06-08

305-364-8505

Daytime Phone #