2006 LIMITED LIABILITY COMPANY

Jul 10, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L05000075679** 07-10-2006 90102 024 ****50.00 MA&C LLC 19615002 Principal Place of Business Mailing Address 1405 NW 49 AVE. 1405 NW 49 AVE. COCONUT CREEK, FL 33063 COCONUT CREEK, FL 33063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06202006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 02-07473A2 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent A1A REGISTERED AGENT INC. Street Address (P.O. Box Number is Not Acceptable) 92 SADBERRY ROAD **QUINCY, FL 32351** 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 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 September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10 ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NOVATNACK, MARK NAME 1405 NW 49 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33063 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NOVATNACK, BACH LAN T NAME NAME STREET ADDRESS 1405 NW 49 AVE. STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33063 CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition HAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP THILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

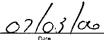
CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

NO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



Daytime Phone #

☐ Addition

FILED