### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L99000009411

1. Entity Name
MACA DEVELOPERS LLC



FILED Mar 06, 2008 08:00 Al Secretary of State

Principal Place of Susiness

3857 W 16 AVE HIALEAH, FL 33012 Mailing Address

3857 W 16 AVE HIALEAH, FL 33012



02152008 No Chg-LLC

CR2E083 (12/07)

5. Certificate of Status Desired	\$5.00 Additional	
65-1081313		Not Applicable
4. FEI Number		Applied For

.

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CAYON, MAURICIO 3857 W 16 AVE HIALEAH, FL 33012

# DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of changes the obligations of registered agent.</li></ol>	ging its registered office or registered agent, or b	oth, in the State of Florida. I am familia	r with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CAYON, MAURICIO .
STREET ADDRESS	3857 W 16 AVE
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	•
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	·
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<u> </u>
11. I heraby of indicated	certify that the information supplied with this filling does not qualify for the ex on this report is true and accurate and that my signature shall have the san

000000849993 03/21/08-80044-002 143.75

## DO NOT WRITE IN THIS SPACE

11. Thereby certify that the information supplied with this filling 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:

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER. OR AUTI-

03 04 08

te Daytime Phone #