


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90092 021 ****55.00

DOCUMENT # M05000002120

1. Entity Name
CMAC, LLC



Principal Place of Business
**2340 E. TRINITY MILLS ROAD, SUITE 225
 CARROLLTON, TX 75006**

Mailing Address
**2340 E. TRINITY MILLS ROAD, SUITE 225
 CARROLLTON, TX 75006**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

07062006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1786707 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUCATE, DOUGLAS L 2340 E. TRINITY MILLS ROAD, SUITE 225 CARROLLTON, TX 75006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2340 E. TRINITY MILLS ROAD SUITE # 100 CARROLLTON, TX 75006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAUGHN, DON S 2340 E. TRINITY MILLS ROAD, SUITE 225 CARROLLTON, TX 75006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2340 E. TRINITY MILLS ROAD SUITE # 100 CARROLLTON, TX 75006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITNEY, DAVID E 2340 E. TRINITY MILLS ROAD, SUITE 225 CARROLLTON, TX 75006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2340 E. TRINITY MILLS ROAD SUITE # 100 CARROLLTON, TX 75006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITNEY, MARK A 2340 E. TRINITY MILLS ROAD, SUITE 225 CARROLLTON, TX 75006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2340 E. TRINITY MILLS ROAD SUITE # 100 CARROLLTON, TX 75006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.

SIGNATURE: Douglas L. Ducate 7/6/06 (469) 574-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #