2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 26, 2007 8:00 am
Secretary of State
06-26-2007 90048 003 ****50.00

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 - No P.O. Box #
2340 E TRINITY MILLS RD #107
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
2340 E. TRINITY MILLS #107
Suite, Apt. #, etc.
City & State
Zip | Country

2nd MOORE CR2E083 (4/07)

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	DUCATE, DOUGLAS L	
STREET ADDRESS	2340 EAST TRINITY MILLS RD SUITE 100	
CITY-ST-ZIP	CARROLLTON TX 75006	
TITLE	MGR	☐ Delete
NAME	VAUGHN, DON S	
STREET ADDRESS	2340 EAST TRINITY MILLS RD SUITE 100	
CITY-ST-ZIP	CARROLLTON TX 75006	
TITLE	MGR	☐ Delete
NAME	WHITNEY, DAVID E	
STREET ADDRESS	2340 EAST TRINITY MILLS RD SUITE 100	
CITY-ST-ZIP	CARROLLTON TX 75006	
TITLE	MGR	☒ Delete
NAME	WHITNEY, MARK A	
STREET ADDRESS	2340 EAST TRINITY MILLS RD SUITE 100	
CITY-ST-ZIP	CARROLLTON TX 75006	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: Douglas L. Ducate 5/29/07 469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #