


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State


02-18-2008 90077 035 ***138.75

DOCUMENT # M05000002120	
1. Entity Name CMAC, LLC	

Principal Place of Business 2340 E. TRINITY MILLS ROAD, #107 CARROLLTON, TX 75006	Mailing Address 2340 E. TRINITY MILLS ROAD, #107 CARROLLTON, TX 75006
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DO NOT WRITE IN THIS SPACE

60008940



01142008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1986707	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

DO NOT WRITE IN THIS SPACE

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: *Douglas L. Ducate* DATE: 2/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

DO NOT WRITE IN THIS SPACE

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* Date: 1-18-08 Daytime Phone #: 469/574-4220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE