

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000017774

Entity Name: MACLEE HOLDINGS, LLC

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

201 ALHAMBRA CIRCLE SUITE 601
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

429 LENOX AVENUE
MIAMI BEACH, FL 331396532

New Mailing Address:

FEI Number: 16-1616443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE STE. 601
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR (X) Delete
Name: HARRISON, ROBERT
Address: 40306 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109

Title: CEO () Delete
Name: COHEN, LEON
Address: 429 LENOX AVE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: COHEN, LEON
Address: 429 LENOX AVE
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEON COHEN

MGR

04/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date