2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 16, 2006 8:00 am
Secretary of State
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1. Entity Name
MACATTEE, INC.

Principal Place of Business	Mailing Address
500 HARBORVIEW DR. 3RD FLOOR BALTIMORE, MD 21230	C/O GABLES RESIDENTIAL SERVICES, INC. 5600 SW 12TH ST., LEASING OFFICE NORTH LAUDERDALE, FL 33068

40014850

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01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
52-0852722
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GABLES RESIDENTIAL SERVICES, INC.
ATTN: ~~PAT WRIGHT~~ SARAH WRIGHT
5600 S.W. 12TH ST
NORTH LAUDERDALE, FL 33068

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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 Sarah J. Wright Property Manager 01/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	HETTLEMAN, STUART
STREET ADDRESS	500 HARBOURVIEW DR. 38TH FLOOR
CITY-ST-ZIP	BALTIMORE, MD 21230
TITLE	V
NAME	TAWNEY, BOSLEY S
STREET ADDRESS	500 HARBORVIEW DR, 38 FL
CITY-ST-ZIP	BALTIMORE, MD 21230
TITLE	S
NAME	TYLER, VICTORIA J
STREET ADDRESS	500 HARBORVIEW DR, 38 FL
CITY-ST-ZIP	BALTIMORE, MD 21230
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MACATTEE, INC. BY: Bosley C. Tawney, V.P. 1-13-06
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR Date Daytime Phone #