


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90004 006 ***550.00

DOCUMENT # 852062 1. Entity Name MACATTEE, INC.	
--	---

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

40118999



05032007 No Chg-P CR2E034 (11/05)

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GABLES RESIDENTIAL SERVICES, INC. ATTN: PAT WRIGHT 5600 S.W. 12TH ST NORTH LAUDERDALE, FL 33068

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

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PT HETTMAN, STUART 500 HARBOURVIEW DR, 38TH FLOOR BALTIMORE, MD 21230
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V TAWNEY, BOSLEY C. 500 HARBORVIEW DR, 38 FL BALTIMORE, MD 21230
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S TYLER, VICTORIA J 500 HARBORVIEW DR, 38 FL BALTIMORE, MD 21230
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**

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: *BY: Bradley C. Kurray, V.P.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/07
Date

Daytime Phone #