~2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0000001366

1. Entity Name MACASA LLC



FILED Mar 29, 2006 8:00 am Secretary of State

03-29-2006 90020 043 ****50.00

Principal Place of Business

460 N. MASHTA DR. KEY BISCAYNE, FL 33149 Mailing Address

460 N. MASHTA DR. KEY BISCAYNE, FL 33149



01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number **NOT APPLICABLE**

Applied For Not Applicab

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

DO NOT WRITE IN THIS SPACE

SALDARRIAGA, MARIA DELÇC 460 N MASHTA DRIVE KEY BISCAYNE, FL 33149

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. the obligations of registered agent.	I am familiar with, a	nd accer
Si	GNATURE		

(NOTE: Registered Agent alguature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SALDARRIAGA, MARIA DEL C
STREET ADDRESS	460 N MASHTA DRIVE
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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MLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

Havia del C. Saldarriaga 3/30/2006

(305) 361-2677