

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000010661

1. Entity Name
MACC PROPERTIES, L.L.C.



Principal Place of Business
300 SUNRIDGE WOODS BLVD
DAVENPORT, FL 33837

Mailing Address
300 SUNRIDGE WOODS BLVD
DAVENPORT, FL 33837



05312005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3681302

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M
430 NORTH MILLS AVE.
ORLANDO, FL 32803

**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 reissuing)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

000000368915
06/03/05-80002-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MADDEN, KATHLEEN
STREET ADDRESS
300 SUNRIDGE WOODS BLVD.
CITY-ST-ZIP
DAVENPORT, FL 33837

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11. I hereby certify that the information supplied with this filing does not qualify 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 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:

Kathleen Madden / Kathleen Madden

5/31/05 863-206-3084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #