2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

Jan 07, 2005 08:00 AM Secretary of State DOCUMENT # L00000010677 MAC PROPERTIES, LLC Principal Place of Business _____Mailing Address 3001 SW 132 AVE. 3001 SW 132 AVE. MIAMI, FL 33175 MIAMI, FL 33175 CR2E083 (10/03) 01042005 No Cha-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FE) Number 65-1040403 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent CRUZ, MANUEL DO NOT WRITE 3001 SW 132ND AVE. MIAMI, FL 33175 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 egent and title if applicable (NOTE Registered Agent signature required whon reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE CRUZ, HADA NAME STREET ADDRESS 3001 SW 132 AVE. CITY-ST-ZIP MIAMI, FL 33175 MGR TITLE U00000174541 01/10/05-80014-019 50.00 CRUZ, ANTONIO NAME 3001 SW 132 AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

ITED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED