

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019171

Entity Name: MACARIUS HOLDINGS, LC

FILED
Mar 14, 2007
Secretary of State

Current Principal Place of Business:

4800 N. FEDERAL HWY
SUITE 201B
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

4800 N. FEDERAL HWY
SUITE 201B
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 65-1153404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIFRONY, MATTHEW ESQ.
110 SE 6TH STREET
15TH FLOOR
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MUSA, MARCO
Address: 4800 N. FEDERAL HWY., STE. 201B
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM () Delete
Name: MUSA, MASSIMO
Address: 4800 N. FEDERAL HWY., STE. 201B
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM () Delete
Name: MUSA, MARC'ANDREA
Address: 4800 N. FEDERAL HWY., STE. 201B
City-St-Zip: BOCA RATON, FL 33431 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARCO MUSA

MGRM

03/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date