2006 LIMITED LIABILITY COMPANY _E*_ > ANNUAL REPORT

FILED Aug 07, 2006 8:00 am Secretary of State

### APPLIED RECORD PROCESS S. Manuface Active ass S. Manuface Activ	DOCUMENT # L01000021227 1. Entity Name MAC BAL HARBOUR, LLC						08-07-2006 90112 014 ****50.00				
2. Principal Place of Business	Principal Place of Business 9700 COLLINS AVENUE MIAMI, FL 33154		MAC BAL HARBOUR LLC 85 FIFTH AVENUE, 6FL			20051	1813				
Suite, Apt. 4, etc. Suite, App. 4, etc. Suite, Ap											
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite S	2. Principal P	lace of Business	1				# 				
New York, NY	Suite, Apt. #, etc.		Suite, Apt. #, etc.		07252006	Chg-LLC	CR2E08	33 (11/05)			
Zip Country Zip Country Zip Country S. Do Additional Fee Required S. Do Additional Fee Required S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent S. Name and Address of New Registered Agent S. Name and Address of New Registered Agent S. Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is	City & State		City & State		I			_ 	·		
CORPORATION SERVICE COMPANY 120 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country					\$5.00 Add	ditional	
Name	-	6. Name and Address of Current R		001		7. Name an	d Address of New R				
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 Filling Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MMC DI MUCCIO, ENRICO SIREET ADDRESS CITY-ST-2P ITILE MAKE SIREET ADDRESS CITY-ST-2P TITLE MAKE SIREET ADDRESS CITY-ST-2P Addition MAKE SIREET ADDRESS CITY-ST-2P Addition MAKE					Name						
B. 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 privide frame of registered agent and title if applicable. NOTE: Registered Agent signature required when renationing) DATE Filling Fee is \$50.00 Bus by September 6, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MMGR Defete ITILE OIT V-51-2P NEW YORK, NY 10003 Defete TILE NAME STREET ADDRESS CITY-S1-2P TILE NAME					Street Address	s (P.O. Box Num	per is Not Acceptable	e)			
B. 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. Filling Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGR Delete ITILE OITY-51-2P NEW YORK, NY 10003 CITY-51-2P ITILE NAME SIREET ADDRESS CITY-51-2P TANAE SIREET ADDRESS											
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and bitle if applicable. (NOTE: Registered Agent signature required when rematking) DATE					City			FL	Zip Cod	е	
Filling Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State			the purpose of changing its r	registere	ed office or regis	tered agent, or b	oth, in the State of Flo	orida. I am f	amiliar with,	and accept	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TILLE NAME DI MUCCIO, ENRICO NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP	SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered	d Agent signature requi	red when reinstating)		DATE			
TILE MGR DI MUCCIO, ENRICO STRET ADDRESS CITY-ST-ZIP NEW YORK, NY 10003 Delete TILE MAME MAME STRET ADDRESS STIFTH AVENUE 6 FL NEW YORK, NY 10003 Delete TILE MAME MAME STRET ADDRESS CITY-ST-ZIP ITILE MAME MAME MAME STRET ADDRESS CITY-ST-ZIP ITILE MAME MAME MAME STRET ADDRESS CITY-ST-ZIP ITILE MAME MAME MAME STRET ADDRESS CITY-ST-ZIP ITILE MAME MAME STRET ADDRESS CITY-ST-ZIP ITILE MAME MAME MAME STRET ADDRESS CITY-ST-ZIP								-	-	e	
NAME STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10003 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	/CHANGES			
STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10003 STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	TITLE		☐ Delete		1			-	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME											
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TITLE	·	Delete	TITLE					Change	☐ Addition	
CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	NAME	1		NAME					_ ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	STREET ADDRESS										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM						 					
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME			☐ Delete						☐ Change	Addition	
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME NAME NAME NAME TITLE NAME NAME NAME					1						
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME								-			
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME Addition NAME NAME NAME	TITLE		☐ Delete	TITLE					☐ Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME		•									
TITLE Delete TITLE Change Addition NAME NAME					ı						
NAME NAME			□ Delete						☐ Change	☐ Addition	
STREET ADDRESS	NAME		D0100g		1				onlings		
	STREET ADDRESS CITY-ST-ZIP										
TITLE Delete TITLE Change Addition	TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME NAME	NAME		-						-	_	
STREET ADDRESS STREET ADDRESS CITY ST. 70					i i						
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 11. 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		Codify that the information numbied with	this filing does not qualify for			d in Chanter 110	Florida Statutos 1.6	urthor cortifu	that the infa	·	

11. 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.

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/30/04

8/75

Daytime Phone #