

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90049 006 ****50.00

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DOCUMENT # L02000001758 1. Entity Name SYDMAC, LLC					
Principal Place of Business 170 BLOXHAM AVE. ORANGE CITY, FL 32763			Mailing Address 170 BLOXHAM AVE. ORANGE CITY, FL 32763		
2. Principal Place of Business 932 Sylva Ave Suite, Apt. #, etc. Orange City FL City & State		3. Mailing Address 932 Sylva Ave Suite, Apt. #, etc. Orange City FL City & State		04062005 Chg-LLC CR2E083 (10/03)	
Zip 32763 Country Volusia		Zip 32763 Country Volusia		4. FEI Number 01-0689064 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BOOKER, KIM C 170 BLOXHAM AVE. ORANGE CITY, FL 32763	
7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOOKER, KIM C 170 BLOXHAM AVE. ORANGE CITY, FL 32763 <i>2582 S. Volusia Ave</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOOKER, JOHN S 170 BLOXHAM AVE. ORANGE CITY, FL 32763 <i>2582 S. Volusia Ave</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHILDRESS, KANDI RT. 4, BOX 107 MOBERLY, MO 65270		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>4/8/05</i> Daytime Phone #		

\$50.-