

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

09-01-2004 90089 012 \*\*\*\*50.00

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<b>DOCUMENT # L02000018040</b> 1. Entity Name <b>MACLEE EXPRESS USA, LLC</b>					
Principal Place of Business <b>201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134</b>			Mailing Address <b>201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>429 Lenox Avenue</b>  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>Miami Beach FL</b>  Zip      Country <b>33139-6532</b>		4. FEI Number <b>13-4243846</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR HARRISO, ROBERT 40306 FISHER ISLAND DRIVE MIAMI BEACH, FL 33109</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>HARRISON, ROBERT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<b>8/25/04</b> <b>(305) 537-3700</b> <small>Date      Daytime Phone #</small>	