

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90133 001 ****50.00

DOCUMENT # L02000018044 1. Entity Name MACLEE QUARTERS USA, LLC			
Principal Place of Business 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134		Mailing Address 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 429 Lenox Avenue Suite, Apt. #, etc.	
City & State		City & State Miami Beach FL	
Zip	Country	Zip 33134-6534	Country
4. FEI Number 52-2285888		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134		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 September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRISON, ROBERT 40306 FISHER ISLAND DRIVE FISHERISLAND, FL 33109 <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
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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:		8-27-04 305 551-3700 Date Daytime Phone #	