

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000012546

1. Entity Name
MAC 3, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 15 PM 4:11

Principal Place of Business
101 NORTH MONROE STREET, SUITE 900
P.O. DRAWER 229
TALLAHASSEE, FL 32302-0229

Mailing Address
101 NORTH MONROE STREET, SUITE 900
P.O. DRAWER 229
TALLAHASSEE, FL 32302-0229



2. Principal Place of Business
5951 Cattle Ridge Blvd

3. Mailing Address
5951 Cattle Ridge Blvd

Suite, Apt. #, etc.

City & State
SARASOTA, FL

Zip
34232

Country
USA

01212004 Chg-LLC CR2E083 (10/03)

4. FEI Number
42-1584499

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCONNAUGHAY, JAMES N
101 NORTH MONROE STREET, SUITE 900
TALLAHASSEE, FL 32302-0229

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, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANAGING MEMBER
STREET ADDRESS	ANDREW OLWENT III
CITY-ST-ZIP	5951 CATTLE RIDGE BLVD SARASOTA, FL 34232
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [Signature] CFO, RJ Nawroth 2/6/04 941-309-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #