


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000042393 1. Entity Name MACINTYRE FAMILY, LLC	
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Principal Place of Business 1835 SOUTH BAYSHORE DRIVE MIAMI, FL 33133	Mailing Address 1835 SOUTH BAYSHORE DRIVE MIAMI, FL 33133
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DO NOT WRITE IN THIS SPACE



05082006No Chg-LLC CR2E083 (11/05)

4. FEI Number 68-0572482	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

**MACINTYRE, ALEXANDER C
1835 SOUTH BAYSHORE DRIVE
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACINTYRE, LILLIAS S 1835 S BAYSHORE DR MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACINTYRE, MARK A 1835 S BAYSHORE DR MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACINTYRE, WILLIAM S 1835 S BAYSHORE DR MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACINTYRE, DOLLY S 1835 S BAYSHORE DR MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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06/05/06-80001-017 50.00

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:  **Mark MacIntyre** 4/28/06 646 541 2062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #