

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

03-01-2004 90317 029 \*\*\*\*50.00

**DOCUMENT # L03000042992**

1. Entity Name  
**M.A.C. ACQUISITIONS, LLC**

Principal Place of Business  
 225 NE MIZNER BLVD  
 300  
 BOCA RATON, FL 33432

Mailing Address  
 225 NE MIZNER BLVD  
 300  
 BOCA RATON, FL 33432

**24014972**



02192004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business  
**1919 N State Rd 7**

3. Mailing Address  
**1919 N State Rd 7**

Suite, Apt. #, etc.  
**204**

Suite, Apt. #, etc.  
**204**

City & State  
**Margate Florida**

City & State  
**Margate Florida**

4. FEI Number  
**56-2412286**

Applied For  
 Not Applicable

Zip  
**33063**

Country  
**USA**

Zip  
**33063**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**K&M REALTY INVESTMENTS AND CONSTRUCTION, CO**  
 225 NE MIZNER BLVD  
 300  
 BOCA RATON, FL 33432

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

TITLE  
 NAME **MGRM TILLMAN, WILLIAM K**  Delete  
 STREET ADDRESS **225 NE MIZNER BLVD SUITE 300**  
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE  
 NAME **MGRM Tillman, William K**  Change  Addition  
 STREET ADDRESS **1919 N State Rd 7 suite 204**  
 CITY-ST-ZIP **Margate Florida 33063**

TITLE  
 NAME **MGRM LUPTON, MATTHEW C**  Delete  
 STREET ADDRESS **225 NE MIZNER BLVD SUITE 300**  
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE  
 NAME **MGRM Lupton, Matthew C**  Change  Addition  
 STREET ADDRESS **1919 N State Rd 7 suite 204**  
 CITY-ST-ZIP **Margate Florida 33063**

TITLE  
 NAME **MGRM BALBUENA, ADONIS**  Delete  
 STREET ADDRESS **225 NE MIZNER BLVD SUITE 300**  
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE  
 NAME **MGRM Balbuena, Adonis**  Change  Addition  
 STREET ADDRESS **1919 N State Rd 7 suite 204**  
 CITY-ST-ZIP **Margate Florida 33063**

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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:** *Matthew Lupton* - **Matthew Lupton** 2.24.04 9549789777  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #