


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000004897 1. Entity Name MACLEE VIRTUAL SYSTEMS, LLC	
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Principal Place of Business 429 LENOX AVE MIAMI BEACH, FL 33139	Mailing Address 429 LENOX AVE MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



05132008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5733917	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 429 LENOX AVE MIAMI BEACH, FL 33139
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**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.

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000000952456
06/04/08-80090-007 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN-LEVY, LEON 429 LENOX AVE MIAMI BEACH, FL 33139
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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/13/08 305-537-3700
Date Daytime Phone #