

5 **FILED**
May 27, 2005 8:00 am
Secretary of State

05-05-2005 90022 028 ****50.00

MACSUE, LLC

204000005871



Principal Place of Business
 1290 W. LANTANA RD
 LANTANA, FL 33462 US

Mailing Address
 1290 W. LANTANA RD
 LANTANA, FL 33462 US



2. Principal Place of Business
 Suits, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suits, Apt. #, etc.
 City & State
 Zip Country

03312005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 20-2888765

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 MUSALLAM, MAHMOUD H
 1290 W. LANTANA RD.
 LANTANA, FL 33462

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining) **DATE** _____

Filing Fee to \$80.00 Due by May 1, 2005

State check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUSALLAM, MAHMOUD H			NAME			
STREET ADDRESS	1290 W. LANTANA RD.			STREET ADDRESS			
CITY - ST - ZIP	LANTANA, FL 33462			CITY - ST - ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUSALLAM, SUMAYA			NAME			
STREET ADDRESS	1290 W. LANTANA RD			STREET ADDRESS			
CITY - ST - ZIP	LANTANA, FL 33462			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				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)(f), 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 606, Florida Statutes.

SIGNATURE: Musallam **561**
 4/30/05 6:16:50:72
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Document # 204000005871

chk# 627