

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90320 039 \*\*\*\*50.00

DOCUMENT # L04000019473

1. Entity Name  
RICMAC INVESTMENTS, LLC



Principal Place of Business  
C/O WHITE & BROWN PA  
7450 SW 131 ST  
MIAMI, FL 33156

Mailing Address  
C/O WHITE & BROWN PA  
P.O. BOX 560945  
MIAMI, FL 33256-0945

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01272007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
90-0157620

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, B. MACKAY ESQ  
C/O WHITE & BROWN PA  
7450 SW 131 ST  
MIAMI, FL 33156

*MACKAY*

7. Name and Address of New Registered Agent

Name *BROWN, B. MACKAY*

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, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME GOULBOURNE, RICHARD  
STREET ADDRESS 8264 SW 176TH TERR.  
CITY-ST-ZIP MIAMI, FL 33157

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME BROWN, B. MACKAY *MACKAY*  
STREET ADDRESS 7450 SW 131 ST  
CITY-ST-ZIP MIAMI, FL 33156

TITLE ☒ Change ☐ Addition  
NAME *BROWN, B. MACKAY*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *B. Mackay Brown*  
*Op. Mgr*

*4/15/07*

*305-259-8200*

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

Date

Daytime Phone #