

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90108 041 ****55.00

DOCUMENT # L04000030081

1. Entity Name
MACER, LLC



Principal Place of Business Mailing Address
86102 MEADOWRIDGE CT 474311 SR 200 86102 MEADOWRIDGE CT
YULEE, FL 32097 FERNANDINA YULEE, FL 32097
BEACH, FL 32034



01102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1254549

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAXTER, DREW ANN
86102 MEADOWRIDGE CT
YULEE, FL 32097

**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 **DREW ANN BAXTER** **2/03/06**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BAXTER, DREW ANN
86102 MEADOWRIDGE CT
YULEE, FL 32097

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BAXTER, FRANK A
86102 MEADOWRIDGE CT
YULEE, FL 32097

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 606, Florida Statutes.

SIGNATURE: **DREW ANN BAXTER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/02/06 **904-491-8973**
Date Daytime Phone #