

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033959

FILED
Jul 23, 2005
Secretary of State

Entity Name: MACK ENTERPRISES, LLC

Current Principal Place of Business:

4029 KINGSFIELD DRIVE
PARRISH, FL 34219 US

New Principal Place of Business:

2517 PREST COURT
TALLAHASSEE, FL 32301 US

Current Mailing Address:

4029 KINGSFIELD DRIVE
PARRISH, FL 34219 US

New Mailing Address:

P.O. BOX 12685
CINCINNATI, OH 45222 US

FEI Number: 11-3725852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MACK, WAYMOND O
Address: 7211 WEST ARACOMA DRIVE
City-St-Zip: CINCINNATI, OH 45237 US

Title: MGR () Delete
Name: MACK, ALALIA J
Address: 7211 WEST ARACOMA DRIVE
City-St-Zip: CINCINNATI, OH 45237 US

Title: MGR () Delete
Name: MACK, JAMILA A
Address: 4029 KINGSFIELD DRIVE
City-St-Zip: PARRISH, FL 34219 US

Title: MGR () Delete
Name: MACK, YEJIDE S
Address: 7211 WEST ARACOMA DRIVE
City-St-Zip: CINCINNATI, OH 45237 US

Title: MGR () Delete
Name: MACK, ASWAD A
Address: 7211 WEST ARACOMA DRIVE
City-St-Zip: CINCINNATI, OH 45237

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MACK, JAMILA A
Address: 7211 WEST ARACOMA DRIVE
City-St-Zip: CINCINNATI, OH 45237 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MBR () Change (X) Addition
Name: HOBBS, LORETTA
Address: 73 P ST NW
City-St-Zip: WASHINGTON, DC 20001

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMILA A MACK

MGR

07/23/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date