

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90095 009 \*\*\*\*55.00

**DOCUMENT # L04000042297**

1. Entity Name  
**MACAW GROUP LLC**



Principal Place of Business  
**1203 PIZARRO ST  
CORAL GABLES, FL 33134 US**

Mailing Address  
**1203 PIZARRO ST  
CORAL GABLES, FL 33134 US**

**20040146**



2. Principal Place of Business  
**4000 PONCE DE LEON BLVD.**

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE 470**

Suite, Apt. #, etc.

04182005 Chg-LLC CR2E083 (10/03)

City & State  
**CORAL GABLES, FL**

City & State

4. FEI Number  
**20-1251354**

Applied For  
Not Applicable

Zip  
**33146**

Country  
**Miami-Dade**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EASLEY, DOROTHY F  
1203 PIZARRO ST  
CORAL GABLES, FL 33134**

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 a registered agent.

SIGNATURE **Thomas Brylowe**, **THOMAS BRYLOWE MANAGER 4-21-2005**  
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, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BRYLOWE, TOM  
1203 PIZARRO ST  
CORAL GABLES, FL 33134** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: **Thomas Brylowe** **THOMAS BRYLOWE** **4-21-2005** **305-777-0296**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #