2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# L04000044644

Entity Name: THE MACX, L.L.C.

Current Principal Place of Business:

3119 S.E. 22ND PLACE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

3119 S.E. 22ND PLACE
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 20-1563295 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MC GARRY, BENJAMIN L
3119 S.E. 22ND PLACE
CAPE CORAL, FL 33904 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: MGRM ( ) Delete
Name: MC GARRY, BENJAMIN L
Address: 3119 S.E. 22ND PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM ( ) Delete
Name: MC GARRY, BEN L
Address: 3119 S.E. 22ND PLACE
City-St-Zip: CAPE CORAL, FL 33904

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

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: MC GARRY, BEN L
Address: 3107 S.W. 20TH AV.
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM ( ) Change (X) Addition
Name: MCGARRY, BRENTON J
Address: 1411 S.W. 49TH ST.
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BENJAMIN L. MCGARRY MGRM 04/20/2006

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