

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053080

FILED
Jan 31, 2006
Secretary of State

Entity Name: MAQUAM HOLDINGS, LLC

Current Principal Place of Business:

2840 NE 5TH AVENUE
BOCA RATON, FL 33431 US

New Principal Place of Business:

P. O. BOX 121435
FORT LAUDERDALE, FL 33312 US

Current Mailing Address:

2840 NE 5TH AVENUE
BOCA RATON, FL 33431 US

New Mailing Address:

P. O. BOX 121435
FORT LAUDERDALE, FL 33312 US

FEI Number: 20-1373101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUERBERG, ERIC M
200 VILLAGE SQUARE CROSSING
SUITE 102
PALM BEACH GARDENS, FL 33410 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: CAZABON, THAIS
Address: 2840 NE 5TH AVENUE
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR () Delete
Name: BOUCHER, EDMUND
Address: 2840 NE 5TH AVENUE
City-St-Zip: BOCA RATON, FL 33431 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAZABON, THAIS
Address: P. O. BOX 121435
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: MGR (X) Change () Addition
Name: BOUCHER, EDMUND
Address: P. O. BOX 121435
City-St-Zip: FORT LAUDERDALE, FL 33312 US

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: THAIS CAZABON

MGR

01/31/2006

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