



FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90032 031 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000054423			
1. Entity Name MAHACO INVESTMENTS, LLC			
Principal Place of Business C/O JAMES P. SWIFT 2480 NW 46TH ST. BOCA RATON, FL 33431		Mailing Address C/O JAMES P. SWIFT 2480 NW 46TH ST. BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BSPA CORPORATE SERVICES, INC. 350 EAST LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301		Name: <u>Corporation Service Company</u> Street Address (P.O. Box Number is Not Acceptable) <u>1201 Hays Street</u> City: <u>Tallahassee</u> FL Zip Code: <u>32301</u>	
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: <u>[Signature]</u> <small>Signature: Type or printed name of registered agent and city if applicable.</small>		JEANINE REYNOLDS as its agent DATE: <u>4-23-07</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>	
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SWIFT, JAMES P. 2480 NW 46TH ST. BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		JAMES P. SWIFT DATE: <u>4/23/07</u> (561) 573-7995 <small>Date</small> <small>Business Phone #</small>	

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04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1406016 Applied For Not Applicable

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