2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# L04000069597

Entity Name: MACART PROPERTIES, LLC

Current Principal Place of Business:

7620 TWIN EAGLE LANE
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

7620 TWIN EAGLE LANE
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 11-3727376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALBERT, CARL M
7620 TWIN EAGLE LANE
FORT MYERS, FL 33912 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: ALBERT, CARL M
Address: 7620 TWIN EAGLE LANE
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM ( ) Delete
Name: ANDERSON, MICHAEL E
Address: 12215 SIESTA DRIVE
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: MGRM ( ) Delete
Name: TELLARINI, ROBERT
Address: 24 ROLLING HILL DRIVE
City-St-Zip: NAPLES, ME 04055

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: ANDERSON, MICHAEL E
Address: 19 MERCIER WAY
City-St-Zip: GORHAM, ME 04038

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

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: CARL ALBERT MGR 04/11/2007

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