



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1

FILED
Jul 03, 2006 8:00 am
Secretary of State

05-15-2006 90240 021 ****50.00

| | | | |
|--|--|---|---|
| DOCUMENT # L04000075640 | |  | |
| 1. Entity Name THE MACCABEES, LLC | | | |
| Principal Place of Business 1490 TAMAMI TRAIL PORT CHARLOTTE, FL 33948 | | Mailing Address C/O DAVID A. HOLMES, ESQ 99 NESBIT STREET PUNTA GORDA, FL 33950 | |
| 2. Principal Place of Business 1000 HARBOUR GREEN RD | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State PUNTA GORDA FL | | City & State | |
| Zip 33983 | Country US | Zip | Country |
| 6. Name and Address of Current Registered Agent HOLMES, DAVID A ESQ 99 NESBIT STREET PUNTA GORDA, FL 33950 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | 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 registered agent. | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)</small> | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR KATZ, TODD H 1490 TAMAMI TRAIL PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR KATZ, TODD H. 1000 HARBOUR GREEN ROAD PUNTA GORDA, FL 33983 <input checked="" 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 608, Florida Statutes. | | | |
| SIGNATURE  | | Date _____ Daytime Phone # _____ | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE TODD H. KATZ, MANAGER | | | |

JUL 11 2006



04042006 Chg-LLC CR2E083 (11/05)

4. FEI Number **XXXXXXXXXX 20-1903034** Applied For Not Applicable

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

ATTACHMENT
30011540



ESTABLISHED 1924

FARR LAW FIRM

FARR, FARR, EMERICH, HACKETT & CARR, P.A.

PERSONAL INJURY
WRONGFUL DEATH
CIVIL LITIGATION
ESTATE PLANNING
REAL ESTATE
TITLE INSURANCE
MARITAL & FAMILY
ENVIRONMENTAL
LAND USE
BUSINESS
TAXATION
ELDER LAW
ASSET PROTECTION

June 26, 2006

Florida Department of State
Division of Corporations
P. O. Box 6478
Tallahassee, FL 32314

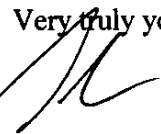
Re: The Maccabees, LLC
Document Number L04000075640
Farr Matter Number 036232.0000

Dear Sir/Madam:

Thank you for your letter of May 31, 2006 regarding the above referenced matter.

Enclosed is the corrected 2006 annual report for The Maccabees, LLC. As requested, we have completed Block 4 by entering the Federal Employer Identification (FEI) number.

Very truly yours,


David A. Holmes
For the Firm

DAH:dma
Enclosures

036232.0000.9

EARL D. FARR, 1900 – 1988

EARL DRAYTON FARR, JR.
Of Counsel

GUY S. EMERICH
FL Bar Board Certified
Wills, Trusts & Estates Lawyer

JACK O. HACKETT II
FL Bar Board Certified
Real Estate Lawyer

MICHAEL P. HAYMANS

CHARLES T. BOYLE
FL Bar Board Certified
Marital & Family Lawyer

DAROL H.M. CARR

CONNIE M. SCHIDER
FL Bar Board Certified
Marital & Family Lawyer
Certified Family Law Mediator

MARK A. DRAPER

DAVID A. HOLMES
Certified Circuit Court Mediator

GARY A. KAHLE
FL Bar Board Certified
Real Estate Lawyer

JENNIFER R. HOWELL

ROGER H. MILLER III

DOROTHY L. KORSZEN

JILL C. MCCRORY

TINA M. MAYS

WILL W. SUNTER