


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90032 035 \*\*\*\*50.00

**DOCUMENT # L04000078460**

1. Entity Name  
**MACK INVESTMENTS, LLC**



Principal Place of Business      Mailing Address  
**5185 TOPEKA AVENUE**      **5185 TOPEKA AVENUE**  
**ST. CLOUD, FL 34773**      **ST. CLOUD, FL 34773**

30006294



2. Principal Place of Business      3. Mailing Address  
**5185 Topeka Ave**      **5185 Topeka Ave**  
 Sube, Apt. #, etc.      Sube, Apt. #, etc.

01032005    Chg-LLC    CR2E083 (10/03)

City & State      City & State  
**St. Cloud FL**      **St. Cloud FL**  
 Zip      Country      Zip      Country  
**34773**      **USA**      **34773**      **USA**

4. FEI Number      Applied For  
**20-1806291**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**MACK, VALERIE L**  
**5185 TOPEKA AVENUE**  
**ST. CLOUD, FL 34773**

7. Name and Address of New Registered Agent  
 Name      **NA**  
 Street Address (P.O. Box Number is Not Acceptable)  
 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: *Valerie L Mack*      DATE: 4-11-05

Filing Fee is \$50.00  
 Due by May 1, 2005

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
MGRM	MACK, VALERIE L	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	5185 TOPEKA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD, FL 34773	CITY-ST-ZIP	
MGRM	MACK, BRYAN E	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	5185 TOPEKA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD, FL 34773	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Valerie L Mack*      DATE: 4-11-05      DAYTIME PHONE # 407-957-4494