2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000007840

MA INVESTMENT COMPANY, LLC



FILED Apr 09, 2008 08:00 A Secretary of State

Principal Place of Business

1400 MARSH LANDING PARKWAY

SUITE 104 JACKSONVILLE BEACH, FL 32250 Mailing Address

1400 MARSH LANDING PARKWAY SUITE 104

JACKSONVILLE BEACH, FL 32250



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04032008 No Chg-LLC CR2E083 (12/07) Applied For 4. FEI Number 20-3747985 Not Applicable \$5.00 Additional

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

AMBACH, MARK 1400 MARSH LANDING PARKWAY **SUITE 104** JACKSONVILLE BEACH, FL 32250

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| | e named entity submits this statement for the purpose of cha tions of registered agent. | inging its registered office or registered agent, or bot | h, in the State of Florida. I am familiar with, and accept |
|------------|--|--|--|
| SIGNATURE. | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
| | E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 | | 000000888663 04/22/08-80022-008 138.75 |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE | MGRM | | |

| . y | MANAGING MEMBERS/MANAGERS | |
|---|---------------------------------------|--|
| TITLE | MGRM | |
| NAME | AMBACH, MARK | |
| STREET ADDRESS | 1400 MARSH LANDING PARKWAY, SUITE 104 | |
| CITY-ST-ZIP | JACKSONVILLE BEACH, FL 32250 | |
| TITLE | | |
| NAME | | |
| STHEET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | 1 | |
| NAME | | |
| STREET ADDRESS | | |
| City-St-Zip | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | , | |
| Street address | | |
| CITY-ST-ZIP | | |
| 11. I hereby certify that the information supplied with this filing sees not qualify for the eindicated on this report is true and accurate and that my signature shall have the sa | | |

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of qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information shall have the same logal effect as if made under oath; that I am a managing member or manager of the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

G MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #