2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# L05000013888

Entity Name: 3 M.A.K. #1, LLC

Current Principal Place of Business:

5008 NW 113 AVENUE
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

5008 NW 113 AVENUE
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 26-0414164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARBSTEIN, DAVID R
8010 N. UNIVERSITY DR
TAMARAC, FL 33321 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:	MGRM	(X) Delete
Name:	MYSOREWALA, ANWER	
Address:	8010 N. UNIVERSITY DR.	
City-St-Zip:	TAMARAC, FL 33321	
Title:	MGRM	( ) Delete
Name:	ABID, ABDUL	
Address:	8010 N. UNIVERSITY DR.	
City-St-Zip:	TAMARAC, FL 33321	
Title:	MGRM	( ) Delete
Name:	MOTEN, ANWAR	
Address:	8010 N. UNIVERSITY DR.	
City-St-Zip:	TAMARAC, FL 33321	
Title:	MGRM	( ) Delete
Name:	MYSOREWALA, IDRIS	
Address:	8010 N. UNIVERSITY DR.	
City-St-Zip:	TAMARAC, FL 33321	
Title:	MGRM	( ) Delete
Name:	KARIM, MOHMMED J	
Address:	8010 N. UNIVERSITY DR.	
City-St-Zip:	TAMARAC, FL 33321	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	( ) Change (X) Addition
Name:	MYSOREWALA, ANWER	
Address:	8010 N. UNIVERSITY DR.	
City-St-Zip:	TAMARAC, FL 33321	

I hereby certify that the information supplied with this filing does not qualify 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: ANWAR MOTEN MGRM 04/18/2008

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