

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90140 035 \*\*\*\*50.00

DOCUMENT # L05000024965  
 1. Entity Name  
**MARCELO T. MACHADO, LLC**



Principal Place of Business Mailing Address  
**5126 ASHLEY LAKE DR** **5126 ASHLEY LAKE DR**  
**APT 711** **APT 711**  
**BOYNTON BEACH, FL 33437 US** **BOYNTON BEACH, FL 33437 US**

60025366



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**5070 Ashley Lakes Dr** **5070 Ashley Lakes Dr**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**# 831** **# 831**

03142007 Chg-LLC CR2E083 (12/06)

City & State City & State  
**Boynton Beach, FL** **Boynton Beach, FL**  
 Zip Country Zip Country  
**33437-3146 USA** **33437-3146 USA**

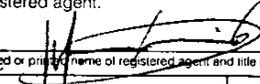
4. FEI Number Applied For  
**20-2479492** Not Applicable

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

6. Name and Address of Current Registered Agent  
**MACHADO, MARCELO T**  
**5126 ASHLEY LAKE DR APT 711**  
**BOYNTON BEACH, FL 33437**

7. Name and Address of New Registered Agent  
 Name  
**Machado, Marcelo T**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5070 Ashley Lakes Dr, # 831**  
 City  
**Boynton Beach** **FL** Zip Code  
**33437-3146**

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  (NOTE: Registered Agent signature required when reinstating) 03/15/07 DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	MACHADO, MARCELO T	5126 ASHLEY LAKE DR APT 711	BOYNTON BEACH, FL 33437	<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	Machado, Marcelo T	5070 Ashley Lakes Dr. Apt. 831	Boynton Beach, FL 33437-3146	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  03/15/07 561-255-2960  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #