2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 12, 2006 8:00 am
Secretary of State
05-05-2006 90031 049 ****50.00

DOCUMENT # L05000039359

1. Entity Name

MAC FOREST, L.L.C.

Principal Place of Business	Mailing Address
6051 KENTUCKY AVENUE NEW PORT RICHEY FL 34653	6051 KENTUCKY AVENUE NEW PORT RICHEY FL 34653

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
6903 & 6907 FOREST AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NEW PORT RICHEY, FLORIDA		City & State	
Zip: 34653	Country	Zip	Country

4. FEI Number: 20-2734018 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SOWA, ALEX
6051 KENTUCKY AVENUE
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name: SOWA, CHRIS
Street Address (P.O. Box Number is Not Acceptable): 6051 KENTUCKY AVE
City: NEW PORT RICHEY **FL** Zip Code: 34653

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 [signature] 4-26-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	SOCHOCKI, MARY S	
STREET ADDRESS	6051 KENTUCKY AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mary Sowa Sochocki 4.26.06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #