
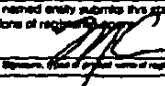



**FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

4/26/2

04-26-2006 90015 012 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L05000050828</b>			
1. Entity Name MAC 9801, LLC			
Principal Place of Business 407 LINCOLN ROAD SUITE 9-F MIAMI BEACH, FL 33139		Mailing Address 407 LINCOLN ROAD SUITE 9-F MIAMI BEACH, FL 33139	
2. Principal Place of Business		3. Mailing Address	
Subj. Act. #, etc.		Subj. Act. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4836773		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSE ELLEN ESQ. SUNTRUST INTERNATIONAL CENTER ONE S.E. 3RD AVE, SUITE 2400 MIAMI, FL 33131		7. Name and Address of New Registered Agent MICHAEL COMRAS Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN RD. SE # 9F City MIAMI BEACH FL Zip Code 33139	
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 		Manager 6/12/06	
Filing Fee is \$80.00 Due by May 1, 2006		Make check payable to Florida Department of State	
B. MANAGING MEMBERS/MANAGERS		C. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Manager Michael Comras 407 Lincoln Rd # 9F Miami Beach, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. 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 606, Florida Statutes.			
SIGNATURE: 		Date	

30011359



04202006 Chg-LLC CR2E083 (11/06)

Applied For Not Applicable

\$5.00 Additional Fee Required

MICHAEL COMRAS  
 Street Address (P.O. Box Number is Not Acceptable)  
 407 LINCOLN RD. SE # 9F  
 City MIAMI BEACH FL Zip Code 33139

Filing Fee is \$80.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

B. MANAGING MEMBERS/MANAGERS

C. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP Manager Michael Comras 407 Lincoln Rd # 9F Miami Beach, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER (MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)

Date

Deputy Press 1