

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000050828

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
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DO NOT WRITE IN THIS SPACE



03042008No Chg-LLC CR2E083 (12/07)

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

COMRAS, MICHAEL
 407 LINCOLN RD. STE #9F
 MIAMI BEACH, FL 33139

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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) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COMRAS, MICHAEL 407 LINCOLN RD #9F MIAMI BEACH, FL 33139
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000000065514
 04/07/08-80031-021 138.75

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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:  2/12/08 305-5320433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____