

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90162 026 \*\*\*\*50.00

<b>DOCUMENT # L05000054815</b>					
<b>1. Entity Name</b> MACAI LLC					
<b>Principal Place of Business</b> 7904 WEST DRIVE 404 NORTH BAY VILLAGE, FL 33141			<b>Mailing Address</b> 7904 WEST DRIVE 404 NORTH BAY VILLAGE, FL 33141		
<b>2. Principal Place of Business - No P.O. Box #</b> 7728 COLLINS AVE		<b>3. Mailing Address</b> Suite, Apt. #, etc. SAME			
Suite, Apt. #, etc. f.o		Suite, Apt. #, etc. SAME			
<b>City &amp; State</b> MIAMI BEACH FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 41-2181967	
<b>Zip</b> 33141		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CAIMI, MARIA 7904 WEST DRIVE 404 NORTH BAY VILLAGE, FL 33141			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM CAIMI, MARIA 9545 BISCAYNE BLVD MIAMI, FL 33138	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	MGRM SILVIA VITALE 7728 COLLINS AVE f.o MIAMI BEACH FL 33141	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
<b>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 606, Florida Statutes.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					