

FILED
Jul 31, 2006 8:00 am
Secretary of State



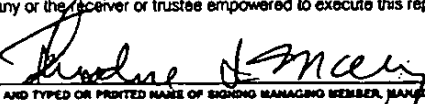
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2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

30012401



02062006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000069771					
1. Entity Name MACEALOT, L.L.C.					
Principal Place of Business 928D MAR WALT DRIVE FT. WALTON BEACH, FL 32547			Mailing Address 928D MAR WALT DRIVE FT. WALTON BEACH, FL 32547		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FOSTER, WILLIAMS 909 MAR WALT DRIVE SUITE 1014 FT. WALTON BEACH, FL 32547				Name THEODORE I. MACEY 928 D Mar Walt Dr. Ft. Walton Beach, FL 32547	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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 				THEODORE I. MACEY 2/9/06 DATE	
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACEY, THEODORE I 928D MAR WALT DRIVE FT. WALTON BEACH, FL 32547	<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	MGRM MACEY, JEFFREY T 928D MAR WALT DRIVE FT. WALTON BEACH, FL 32547	<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	MGRM MACEY, JENNIFER L 928D MAR WALT DRIVE FT. WALTON BEACH, FL 32547	<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	MGRM MACEY, JACQUELYN D 928D MAR WALT DRIVE FT. WALTON BEACH, FL 32547	<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	
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	
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: 				2/9/06 (850) 863-2153 Date Daytime Phone #	