


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90149 002 \*\*\*138.75

<b>DOCUMENT # L05000069771</b> 1. Entity Name <b>MACEALOT, L.L.C.</b>			
Principal Place of Business <b>928D MAR WALT DRIVE</b> <b>FT. WALTON BEACH, FL 32547</b>		Mailing Address <b>928D MAR WALT DRIVE</b> <b>FT. WALTON BEACH, FL 32547</b>	
2. Principal Place of Business - No P.O. Box # <b>1034 Mar Walt Dr.</b> Suite, Apt. #, etc. <b>Ste 100</b>		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.	
City & State <b>FT. Walton Bch, FL</b>		City & State <b>FL</b>	
Zip <b>32547</b>		Country <b>OKaloosa</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired - <input type="checkbox"/> - <b>\$5.00 Additional Fee Required</b>		01292008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>MACEY, THEODORE I</b> <b>928 D MAR WALT DR</b> <b>FORT WALTON BEACH, FL 32547</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1034 MAR WALT DR, Ste 100</b>  City <b>FT. Walton Bch.</b> <b>FL</b> Zip Code <b>32547</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. SIGNATURE <u><i>Theodore I Macey</i></u> <b>THEODORE I MACEY</b> DATE <b>3/18/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>1034 MAR WALT DR., Ste 100</b> <b>FORT WALTON BCH, FL 32547</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACEY, JEFFREY T 928D MAR WALT DRIVE FT. WALTON BEACH, FL 32547	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>same as above</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACEY, JENNIFER L 928D MAR WALT DRIVE FT. WALTON BEACH, FL 32547	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>same as above</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACEY, JACQUELYN D 928D MAR WALT DRIVE FT. WALTON BEACH, FL 32547	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>same as above</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <u><i>Theodore I Macey</i></u> <b>THEODORE I MACEY</b>		Date <b>3/18/08</b> Daytime Phone # <b>(850) 315-9207</b>	