2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2006
Secretary of State

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Entity Name: MACOAL ENTERPRISES LLC

Current Principal Place of Business:

317 CELEBRATION BLVD
CELEBRATION, FL 34747 US

New Principal Place of Business:

317 CELEBRATION BLVD
KISSIMMEE, FL 34747 US

Current Mailing Address:

317 CELEBRATION BLVD
CELEBRATION, FL 34747 US

New Mailing Address:

317 CELEBRATION BLVD
KISSIMMEE, FL 34747 US

FEI Number: 20-3554367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROUSE, RICHARD B EA
978 DOUGLAS AVE
SUITE 102
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BIRCHALL, JOHN K
Address: 317 CELEBRATION BLVD
City-St-Zip: CELEBRATION, FL 34747

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: BIRCHALL, CLAIRE
Address: 317 CELEBRATION BLVD
City-St-Zip: KISSIMMEE, FL 34747

Title: MGRM ( ) Change (X) Addition
Name: CRAFT, DANIEL
Address: 13467 BUDWORTH CIRCLE
City-St-Zip: ORLANDO, FL 32832

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN K BIRCHALL MGRM 03/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date