


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90217 008 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L05000117590</b>                               |  |
| 1. Entity Name<br><b>MACA INTERNATIONAL INVESTMENTS, LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>601 BRICKELL AVENUE, STE. 406<br/>MIAMI, FL 33131</b> | Mailing Address<br><b>601 BRICKELL AVENUE, STE. 406<br/>MIAMI, FL 33131</b> |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>7 TURTLE WALK</b> | 3. Mailing Address<br><b>7 TURTLE WALK</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                        |

|  |  |
|--|--|
| City & State<br><b>KEY BISCAYNE, FLORIDA</b> | City & State<br><b>KEY BISCAYNE, FLORIDA</b> |
| Zip<br><b>33149</b>                          | Country<br><b>USA</b>                        |

01192007 Chg-LLC CR2E083 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>43-2093165</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent  |  |
| <b>CASTILLO B. ALVARO P.A.<br/>1390 BRICKELL AVENUE<br/>STE. 200<br/>MIAMI, FL 33131</b> |  |

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| 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<br><i>Antonio Main Vilaino</i>  | DATE<br><b>02/09/07</b> |

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ALEMAN, CARLA<br>601 BRICKELL AVENUE, STE. 406<br>MIAMI, FL 33131 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MAURI, ANTONIO<br>601 BRICKELL AVENUE, STE. 406<br>MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>Antonio Main Vilaino</i>  | DATE: <b>02/09/07</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date Daytime Phone #  |