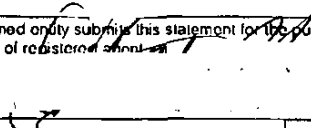
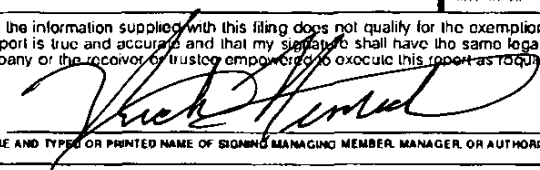


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

04-19-2007 90027 012 ****50.00

DOCUMENT # L06000017329 1. Entity Name HENRIC-MAC PROPERTIES, LLC					
Principal Place of Business 880 W WISCONSIN AVE. ORANGE CITY FL 32763			Mailing Address 880 W WISCONSIN AVE. ORANGE CITY FL 32763		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-4347021	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HENRICKSON, RICHARD G 880 W WISCONSIN AVE. ORANGE CITY FL 32763				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 / 					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME HENRICKSON, RICHARD G		TITLE 	NAME 	
STREET ADDRESS 880 W WISCONSIN AVE.	CITY- ST- ZIP ORANGE CITY FL 32763		STREET ADDRESS 	CITY- ST- ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY- ST- ZIP 		STREET ADDRESS 	CITY- ST- ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY- ST- ZIP 		STREET ADDRESS 	CITY- ST- ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY- ST- ZIP 		STREET ADDRESS 	CITY- ST- ZIP 	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			5/01/07 (386) 774-0240		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		