2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033769

Entity Name: MACV PROPERTIES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
824 WATERMAN RD. S. JACKSONVILLE, FL 32207	2217 ALICIA LANE DR. ATLANTIC BEACH, FL 32233

Current Mailing Address:	**New Mailing Address:**
824 WATERMAN RD. S. JACKSONVILLE, FL 32207	2217 ALICIA LANE DR. ATLANTIC BEACH, FL 32233

FEI Number: FEI Number Applied For ( )   FEI Number Not Applicable (X)   Certificate of Status Desired ( )
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
VENUS, BAHMAN 824 WATERMAN RD. S. JACKSONVILLE, FL 32207 US	MASHOD, SIMAC 2217 ALICIA LANE DR. ATLANTIC BEACH, FL 32233 US

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: SIMAC MASHOD   07/10/2008
_____
                Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: | **ADDITIONS/CHANGES:**

Title:	S ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MASHOD, SIAMAC	Name:	
Address:	2217 ALICIA LN	Address:	
City-St-Zip:	ATLANTIC BEACH, FL 32233	City-St-Zip:	

Title:	P ( ) Delete	Title:	( ) Change ( ) Addition
Name:	VENUS, BAHMAN	Name:	
Address:	917 FIRST ST SOUTH SUITE 1102	Address:	
City-St-Zip:	JACKSONVILLE, FL 32850	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: SIMAC MASHOD   S,RA   07/10/2008
_____
       Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date