


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90370 004 ****50.00

DOCUMENT # L06000043641		
1. Entity Name MAA, LLC		

Principal Place of Business 8042 U.S. HIGHWAY 98W PORT ST. JOE, FL 32456 US	Mailing Address 8042 U.S. HIGHWAY 98W PORT ST. JOE, FL 32456 US
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2. Principal Place of Business - No P.O. Box # 90 BUSINESS PARK DR	3. Mailing Address 90 BUSINESS PARK DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DE FUNIAK SPRINGS FL	City & State DE FUNIAK SPRINGS FL
Zip 32435	Zip 32435
Country	Country



01242007 Chg-LLC CR2E083 (12/06)

4. FEI Number 01-0866969	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BHAKTA, JAYESH M 8042 U.S. HIGHWAY 98W PORT ST. JOE, FL 32456	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BHAKTA, JAYESH M 8042 U.S. HIGHWAY 98W PORT ST. JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIKUNJ H BHAKTA 90 BUSINESS PARK DRIVE ROAD DE FUNIAK SPRINGS FL 32435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BHAKTA, KASMIRA J 8042 U.S. HIGHWAY 98W PORT ST. JOE, FL 32456 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NITINKUMART PATEL 1106 W BYPASS ANDALUSIA AL 36420 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: Nikunj H. Bhakta **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE** 02/13/2007 **DATE** 8508923125 **DAYTIME PHONE #**