

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000088205

**FILED**  
**Apr 24, 2007**  
**Secretary of State**

**Entity Name:** MACLEE PRODUCTION CENTER 001-00, LLC

**Current Principal Place of Business:**

429 LENOX AVE.  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

429 LENOX AVE.  
MIAMI BEACH, FL 33139

**New Mailing Address:**

429 LENOX AVE  
MIAMI BEACH, FL 33139

**FEI Number:** 57-1137692

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIELDSTONE, RONALD R  
201 ALHAMBRA CIR.  
SUITE 601  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

FIELDSTONE, RONALD R  
429 LENOX AVE  
SUITE 601  
MIAMI BEACH, FL 33139 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: RONALD FEILDSTONE

04/24/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: COHEN, LEON  
Address: 429 LENOX AVE  
City-St-Zip: MIAMI BEACH, FL 33139

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: LEON COHEN

MGR

04/24/2007

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