

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L06000119936					
1. Entity Name MAC LAND DEVELOPMENT, LLC					
Principal Place of Business 1100 OLD POLK CITY ROAD HAINES CITY, FL 33844			Mailing Address 1100 OLD POLK CITY ROAD HAINES CITY, FL 33844		
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	05302007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 77-0667564				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCINTEE, MELISSA J 1100 OLD POLK CITY ROAD HAINES CITY, FL 33844			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 <i>Melissa J. McIntee</i>		SIGNATURE <i>Melissa J. McIntee</i>		DATE <i>7/10/07</i>	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCINTEE, MELISSA J 1100 OLD POLK CITY ROAD HAINES CITY, FL 33844	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000769048 07/16/07-80012-001 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCINTEE, DANIEL J 1100 OLD POLK CITY ROAD HAINES CITY, FL 33844	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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>Daniel J. McIntee</i> Daniel J. McIntee, MGRM			Date <i>7-10-07</i>		Daytime Phone # <i>853-287-6531</i>