

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000078516

FILED
Oct 01, 2008
Secretary of State**Entity Name:** MACG HOLDINGS LLC**Current Principal Place of Business:**2405 W.PRINCETON ST
7
ORLANDO, FL 32804**New Principal Place of Business:****Current Mailing Address:**2405 W.PRINCETON ST
7
ORLANDO, FL 32804**New Mailing Address:****FEI Number:** 74-3232135**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AGENTS AND CORPORATIONS, INC.
300 FIFTH AVE SOUTH
STE 101-330
NAPLES, FL 34102 US**Name and Address of New Registered Agent:**

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:_____
Electronic Signature of Registered Agent_____
Date**MANAGING MEMBERS/MANAGERS:****Title:** MGR () Delete
Name: GUADAGNOLI, CHRISTOPHER D
Address: 2405 W.PRINCETON ST #7
City-St-Zip: ORLANDO, FL 32804**Title:** MGR () Delete
Name: ADIYAMAN, MIRZE M
Address: 2405 W.PRINCETON ST #7
City-St-Zip: ORLANDO, FL 32804**Title:** ACCT (X) Delete
Name: JOHANNESSEN, MARIA
Address: 2405 W.PRINCETON ST #7
City-St-Zip: ORLANDO, FL 32804**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
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: CHRISTOPHER GUADAGNOLI

MGR

10/01/2008

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