

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088198

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: MAAAK, LLC

**Current Principal Place of Business:**

201 NORTH FRANKLIN STREET, SUITE 2000  
C/O JAMES W. GOODWIN, ESQ.  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

201 NORTH FRANKLIN STREET, SUITE 2000  
C/O JAMES W. GOODWIN, ESQ.  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number: 26-0802433      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GOODWIN, JAMES W ESQ  
201 NORTH FRANKLIN STREET, SUITE 2000  
TAMPA, FL 33602      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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: KRIZ, JOHN MICHAEL  
Address: 201 NORTH FRANKLIN STREET, SUITE 2000  
City-St-Zip: TAMPA, FL 33602

Title: MGR ( ) Change (X) Addition  
Name: KRIZ, ANSLEY WILSON  
Address: 201 NORTH FRANKLIN STREET, SUITE 2000  
City-St-Zip: TAMPA, FL 33602

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: ANSLEY WILSON KRIZ      MGR      04/15/2008

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