


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90042 003 \*\*\*138.75

<b>DOCUMENT # L07000099020</b>	
1. Entity Name <b>MACLAND HOLDINGS, LLC</b>	

Principal Place of Business <b>16514 HANNA RD LUTZ, FL 33549 US</b>	Mailing Address <b>16514 HANNA RD LUTZ, FL 33549 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1125 East 140th Avenue</b>	3. Mailing Address <b>1125 East 140th Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Tampa, Florida</b>	City & State <b>Tampa, Florida</b>
Zip <b>33613</b>	Country <b>USA</b>
Zip <b>33613</b>	Country <b>USA</b>

04242008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>26-1147944</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MACALUSO, THOMAS 16514 HANNA RD LUTZ, FL 33549</b>	
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7. Name and Address of New Registered Agent Name <b>Thomas Macaluso</b> Street Address (P.O. Box Number is Not Acceptable) <b>1125 East 140th Avenue</b> City <b>Tampa</b> FL Zip Code <b>33613</b>	
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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's signature required when terminating) DATE **4-24-08**

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MACALUSO, THOMAS 16514 HANNA RD LUTZ, FL 33549</b> <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
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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: Thomas P. Macaluso **4-24-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #