2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008910

Entity Name: MACIK BUILDERS, LLC

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1311 AVALON DRIVE 1311 AVALON DRIVE ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32955 US **Current Mailing Address: New Mailing Address:** P.O. BOX 560617 1311 AVALON DRIVE ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32956 US FEI Number: 26-1864883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FOWLER, BRINK & FOWLER, P.A. 25 MCLEÓD STREET MERRITT ISLAND, FL 32953 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: (X) Change () Addition () Delete MACIK, JOSEPH J MACIK, JOSEPH JEFFREY Name: Name: Address: 1311 AVALON DRIVE Address: P.O. BOX 560617 City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ROCKLEDGE, FL 32956 US Title: Title: () Change (X) Addition () Delete MACIK, JOSEPH JOHN Name: Name: Address: Address: P.O. BOX 560617 City-St-Zip: City-St-Zip: ROCKLEDGE, FL 32956 US Title: () Delete Title: () Change (X) Addition MACIK, JONI KAY Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JOSEPH JEFFREY MACIK

Address:

City-St-Zip:

04/09/2009

P.O. BOX 560617

ROCKLEDGE, FL 32956 US