


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L96000000501 1. Entity Name MACO HOLDINGS, L.C.	
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Principal Place of Business 120 S. UNIVERSITY DR., STE C PLANTATION, FL 33324	Mailing Address 120 S. UNIVERSITY DR., STE C PLANTATION, FL 33324
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02232004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0666580	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FEINSTEIN, MARVIN
120 SOUTH UNIVERSITY DRIVE, SUITE C
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000089965
03/16/04-80011-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SPRITZER, MICHAEL 7700 N.KENDALL DR. PENTHOUSE FIVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MARCO, LISA 2795 PADDOCK ROAD WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LAS OLAS INVESTMENTS, INC. 1777 RUE BEGIN VILLA ST. LAURENT, QUEBEC CANADA HAW 2Z5.
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HELLALAND INVESTMENTS LTD. 5900 ARMSTRONG AVENUE #603 COTA ST. LUC, QUEBEC CANADA,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Marvin Feinstein

3/11/04

954-476-1900