2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000501

Entity Name: MACO HOLDINGS, L.C.

Name:

Address:

City-St-Zip:

HELLALAND INVESTMENTS LTD.

5900 ARMSTRONG AVENUE #603

COTA ST. LUC, QUEBEC CANADA,

FILED Jun 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 120 S. UNIVERSITY DR., STE C PLANTATION, FL 33324 **Current Mailing Address: New Mailing Address:** 120 S. UNIVERSITY DR., STE C PLANTATION, FL 33324 FEI Number: 65-0666580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FEINSTEIN, MARVIN 120 SOUTH UNIVERSITY DRIVE, SUITE C PLANTATION, FL 33324 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: Title: () Change () Addition () Delete SPRITZER, MICHAEL Name: Name: Address: 7700 N.KENDALL DR. PENTHOUSE FIVE Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MARCO, LISA Name: Address: 2795 PADDOCK ROAD Address: City-St-Zip: WESTON, FL 33331 City-St-Zip: Title: () Delete Title: () Change () Addition LAS OLAS INVESTMENTS, INC. Name: Name: 1777 RUE BEGIN VILLA ST. LAURENT, QUEBEC Address: Address: City-St-Zip: CANADA HAW 2Z5. City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARVIN FEINSTEIN MGRM 06/22/2009