2000 UNIFORM BUSINESS REPORT (UBR)										
DOCUMENT # L9900004911  1. Entity Name  MACAD & ASSOCIATES, L.L.C.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS					
				*		00 OCT -5	AH II:	02	7	
Principal Place 6594 WOODL/ JUPITER FL 3	AKE ROAD	Mailing Address 6594 WOODLAKE ROAD JUPITER FL 33458	6594 WOODLAKE ROAD							
Principal Place of Business     3. Mailing Address				· · · · · · · · · · · · · · · · · · ·	1					
Sulte, Apt. #, etc.		Suite; Apt. #-etc.			DO NOT WRITE IN THIS SPACE					
										ד
City & State			City & State			Not Applicable				
Zip	Country	Zip	Coun	ntry		ficate of Status Desired	×	\$5.00 Add Fee Required		
	6. Name and Address of Current	Registered Agent		No.	7. Name	e and Address of New F	legistered A	lgent	<del></del>	-
HIDITED I	AW CENTED				RE	D. DAI	ILE.			
JUPITER LAW CENTER CHASEWOOD PLAZA - SUITE 30				Street Address (	P.O. Box N	lumber is Not Acceptable	·)			
6390 INDIANTOWN ROAD				6594	+ Wa	od LAKE	Rd			
JUPITER FL 33458				City Juj	1.18	1	FL	Zip Code	1458	ŀ
8. The above	named entity submits this statement for	or the purpose of changing its	registere	ed office or register	red agent,	or both, in the State of Flo	orida.	. /		
SIGNATURE Condine a Mary Mary Baylored Ages of the property of the second who						9	/22 DATE	100	<del></del>	4
. <del></del>	The second se	Make Check Pay	20	EEE IS \$50.00- o Department o	-	<del></del>				-
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES			}_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAIGLE, ANDRE O 6594 WOODLAKE ROAD JUPITER FL 33458	☐ Delete		i		9000034 -10/18/ *****	′0001			R2E083 (5/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAIGLE, MICHELE C 6594 WOODLAKE ROAD JUPITER FL 33458	☐ Delete		ļ.				☐ Change	☐ Addition	]     
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 MANAGER Dote Deviline Phone 9										