## 2006 LIMITED LIABILITY COMPANY

## Feb 06, 2006 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # L99000009411 02-06-2006 90173 024 \*\*\*\*50.00 MACA DEVELOPERS LLC Principal Place of Business Mailing Address 3857 W 16 AVE 20005303 3857 W 16 AVE HIALEAH, FL 33012 HIALEAH, FL 33012 01182006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. F£! Number 65-1081313 Not Applicable \$5.00 Additional Fee Required-5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CAYON, MAURICIO DO NOT WRITE 3857 W 16 AVE HIALEAH, FL 33012 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) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME CAYON, MAURICIO 3857 W 16 AVE STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP NAME

11. I hereby certify that the information supplied with this filling 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 empowared to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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

01-31-08

**FILED**