

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002458

Entity Name: MAC III DESIGNS, LLC

FILED  
May 19, 2005  
Secretary of State

**Current Principal Place of Business:**

508 WHITE PELICAN CIRCLE  
VERO BEACH, FL 32963

**New Principal Place of Business:**

**Current Mailing Address:**

508 WHITE PELICAN CIRCLE  
VERO BEACH, FL 32963

**New Mailing Address:**

FEI Number: 31-1530000      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:**

LIEBERT, COLLEEN M  
508 WHITE PELICAN CIRCLE  
VERO BEACH, FL 32963      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/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: LIEBERT, COLLEEN M  
Address: PO BOX 20206  
City-St-Zip: LOUISVILLE, KY

Title: MGRM      ( ) Delete  
Name: LIEBERT, DENNIS J  
Address: PO BOX 20206  
City-St-Zip: LOUISVILLE, KY

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: COLLEEN LIEBERT

MGRM

05/19/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date