2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000000237

1. Entity Name
MARMAC, LLC

Principal Place of Business	Mailing Address
1750 CLEARVIEW PKWY. METAIRIE, LA 70001-2470	1750 CLEARVIEW PKWY. METAIRIE, LA 70001-2470

01242006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0334972
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
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

U00000445335
03/02/06-80041-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RICCOBENE, PATRICK
STREET ADDRESS	1750 CLEARVIEW PKWY.
CITY-ST-ZIP	METAIRIE, LA 700012470
TITLE	MGR
NAME	HANBY, DAVID C JR
STREET ADDRESS	1750 CLEARVIEW PKWY.
CITY-ST-ZIP	METAIRIE, LA 700012470
TITLE	MGR
NAME	KNIGHT, DALE A
STREET ADDRESS	1750 CLEARVIEW PKWY.
CITY-ST-ZIP	METAIRIE, LA 700012470
TITLE	MGR
NAME	KOPTISH, ROGER B
STREET ADDRESS	1750 CLEARVIEW PKWY.
CITY-ST-ZIP	METAIRIE, LA 700012470
TITLE	MGR
NAME	BOONE, ROBERT S
STREET ADDRESS	1750 CLEARVIEW PKWY.
CITY-ST-ZIP	METAIRIE, LA 700012470
TITLE	MGR
NAME	NYBERG, DONALD A
STREET ADDRESS	1750 CLEARVIEW PKWY.
CITY-ST-ZIP	METAIRIE, LA 700012470

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

SIGNATURE: _____ 1-25-2006 504-780-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #