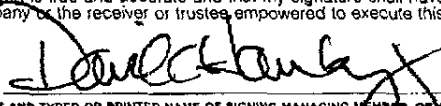


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M02000000237		
1. Entity Name MARMAC, LLC		
Principal Place of Business 1750 CLEARVIEW PKWY. METAIRIE, LA 70001-2470		Mailing Address 1750 CLEARVIEW PKWY. METAIRIE, LA 70001-2470
DO NOT WRITE IN THIS SPACE		
		
		01242006 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 55-0334972
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
000000445335 03/07/06-80041-007 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICCOBENE, PATRICK 1750 CLEARVIEW PKWY. METAIRIE, LA 700012470	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANBY, DAVID C JR 1750 CLEARVIEW PKWY. METAIRIE, LA 700012470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KNIGHT, DALE A 1750 CLEARVIEW PKWY. METAIRIE, LA 700012470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOPTISH, ROGER B 1750 CLEARVIEW PKWY. METAIRIE, LA 700012470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOONE, ROBERT S 1750 CLEARVIEW PKWY. METAIRIE, LA 700012470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NYBERG, DONALD A 1750 CLEARVIEW PKWY. METAIRIE, LA 700012470	
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 #