

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90333 003 ***138.75

60013330

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 17500 MARKET ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State CHANNELVIEW TX			
Zip 77530	Country USA	4. FEI Number 55-0334972		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICCOBENE, PATRICK 1750 CLEARVIEW PKWY. METAIRIE, LA 700012470	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICCOBENE, BRENDAN 15150 N. HAYDEN RD, STE D201 SCOTTSDALE, AZ 85260
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANBY, DAVID C JR 1750 CLEARVIEW PKWY. METAIRIE, LA 700012470	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KNIGHT, DALE A 1750 CLEARVIEW PKWY. METAIRIE, LA 700012470	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOPTISH, ROGER B 1750 CLEARVIEW PKWY. METAIRIE, LA 700012470	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOONE, ROBERT S 1750 CLEARVIEW PKWY. METAIRIE, LA 700012470	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NYBERG, DONALD A 1750 CLEARVIEW PKWY. METAIRIE, LA 700012470	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			2/8/08 (281) 452-5887		
SIGNATURE AND/OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		