
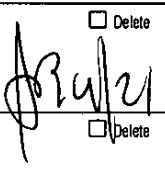
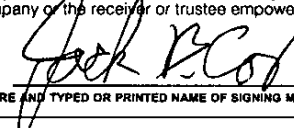


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000005531						<p style="font-size: 24pt; font-weight: bold; margin: 0;">FILED</p> <p style="font-size: 18pt; margin: 0;">06 APR 19 PM 2:08</p> <p style="font-size: 12pt; margin: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>							
1. Entity Name MACY'S FLORIDA, LLC				Principal Place of Business 7 WEST 7TH ST CINCINNATI, OH 45202				Mailing Address 7 WEST 7TH ST CINCINNATI, OH 45202					
2. Principal Place of Business				3. Mailing Address				04052006 Chg-LLC CR2E083 (11/05)					
Suite, Apt. #, etc.				Suite, Apt. #, etc.									
City & State Cincinnati				City & State Cincinnati				4. FEI Number 20-1786016		Applied For Not Applicable			
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525						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 _____													
Filing Fee is \$50.00 Due by May 1, 2006								Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS						10. ADDITIONS/CHANGES							
TITLE NAME		MGR BRODERICK, DENNIS J <input type="checkbox"/> Delete				TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS CITY-ST-ZIP		7 WEST SEVENTH STREET CINCINNATI, OH 45202				STREET ADDRESS CITY-ST-ZIP							
TITLE NAME		MGR BELSKY, JOEL <input type="checkbox"/> Delete				TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS CITY-ST-ZIP		7 WEST SEVENTH STREET CINCINNATI, OH 45202				STREET ADDRESS CITY-ST-ZIP		500072759645 04/28/06--01035--006 **1800.00					
TITLE NAME		<input type="checkbox"/> Delete				TITLE NAME		AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
STREET ADDRESS CITY-ST-ZIP						STREET ADDRESS CITY-ST-ZIP		Jack B. Cox 7 West 7th Street Cincinnati, OH 45202					
TITLE NAME		<input type="checkbox"/> Delete				TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS CITY-ST-ZIP						STREET ADDRESS CITY-ST-ZIP							
TITLE NAME		<input type="checkbox"/> Delete				TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS CITY-ST-ZIP						STREET ADDRESS CITY-ST-ZIP							
TITLE NAME		<input type="checkbox"/> Delete				TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS CITY-ST-ZIP						STREET ADDRESS CITY-ST-ZIP							
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: 						Jack B. Cox, Asst. Secretary			4/13/06		(513) 579-7311		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE						Date		Daytime Phone #					