


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90115 006 ***150.00

DOCUMENT # L02000012724

1. Entity Name
 MAS GROUP, L.L.C.



Principal Place of Business
 3659 SOUTH MIAMI AVENUE, SUITE 3003
 MIAMI, FL 33133

Mailing Address
 3659 SOUTH MIAMI AVENUE, SUITE 3003
 MIAMI, FL 33133



2. Principal Place of Business
 3181 Coral Way
 Suite, Apt. #, etc.
 5th FLOOR

3. Mailing Address
 3181 Coral Way
 Suite, Apt. #, etc.
 5th FLOOR

04052004 Chg-LLC CR2E083 (10/03)

City & State
 MIAMI, FL

City & State
 MIAMI, FL

4. FEI Number
 51-0427619

Applied For
 Not Applicable

Zip
 33145

Country
 USA

Zip
 33145

Country
 USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, MICHAEL B
 777 BRICKELL AVENUE, SUITE 900
 SUNTRUST BLDG.
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
 ILDEFONSO S. MAS MD.

Street Address (P.O. Box Number is Not Acceptable)
 3181 CORAL WAY 5th FL.

5th FLOOR

City
 MIAMI

FL

Zip Code
 33145

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: *Ildefonso S. Mas MD*

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGRM	MAS, ILDEFONSO J MD	3659 S MIAMI AVE #3003	MIAMI, FL 33133	<input type="checkbox"/>
MGRM	MAS, RAFAEL J MD	3629 S MIAMI AVE #3003	MIAMI, FL 33133	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGRM	MAS, ILDEFONSO J MD	3181 CORAL WAY 5th FL.	MIAMI, FL 33145	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGRM	MAS, RAFAEL J MD	3181 CORAL WAY 5th FL.	MIAMI, FL 33145	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Ildefonso S. Mas MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date
 305-858-3494

Daytime Phone #