

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90144 019 ****55.00



DOCUMENT # L03000003445

1. Entity Name
MARS, LLC

Principal Place of Business Mailing Address
13902 N. DALE MABRY SUITE 229 **13902 N. DALE MABRY SUITE 229**
TAMPA FL 33618 **TAMPA FL 33618**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
37-1459696 Not Applicable

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



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent
PORTO, CURRAN K
71 NORTH FLORIDA AVE. SUITE 250
TAMPA FL 33602

7. Name and Address of New Registered Agent
 Name **BARBARA LESNIAK SMITH**
 Street Address (P.O. Box Number is Not Acceptable)
13902 N. DALE MABRY
Suite #229
 City **TAMPA** FL Zip Code **33618**

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 **Barbara Lesniak-Smith, CEO** DATE **2-24-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE	PC	<input type="checkbox"/> Delete
NAME	LESNIAK-SMITH, BARBARA	
STREET ADDRESS	19905 JODI DR.	
CITY-ST-ZIP	Lutz, FL 33558	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	SMITH, RONALD J.	
STREET ADDRESS	19905 JODI DR.	
CITY-ST-ZIP	Lutz, FL 33558	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Barbara Lesniak-Smith -- BARBARA LESNIAK SMITH** DATE **2-24-04** DAYTIME PHONE # **(813)908-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #