2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000057277

1. Entity Name
MABA HOLDINGS LLC

Principal Place of Business	Mailing Address
62 S.E. 6TH AVENUE DELRAY BEACH, FL 33483	62 S.E. 6TH AVENUE DELRAY BEACH, FL 33483

02012005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0090649
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GRACEY, MATTHEW
62 S.E. 6TH AVENUE
DELRAY BEACH, FL 33483

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

Filing Fee is $50.00
Due by May 1, 2005

U00000220361
02/08/05-80064-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	GRACEY, MATTHEW JR
STREET ADDRESS	72 S OCEAN BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	P
NAME	DANNA, JULIE
STREET ADDRESS	965 NW 37 TERR
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/4/05 561 276 3553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #