

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2005 8:00 am
Secretary of State

02-28-2005 90053 001 ***450.00

DOCUMENT # L04000043724 1. Entity Name MAZAL 18 DEVELOPMENT, LLC					
Principal Place of Business 16375 N.E. 18TH AVE. STE. 331 NORTH MIAMI BEACH, FL 33162			Mailing Address 16375 N.E. 18TH AVE. STE. 331 NORTH MIAMI BEACH, FL 33162		
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 20-1226942	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BENZAZON, YANNICK 16375 N.E. 18TH AVE. STE. 331 NORTH MIAMI BEACH, FL 33162			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 reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENALLOUN, ALBERTO 16375 N.E. 18TH AVE. NORTH MIAMI BEACH, FL 33162		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENZAZON, YANNICK 16375 N.E. 18TH AVE. NORTH MIAMI BEACH, FL 33162		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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:			Date 06/25/2005 (305) 945-2577		
SIGNATURE AND TYPED NAME OF SENDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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