2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000003575

1. Entity Name
MAZEL INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
4156 N. W. 21ST AVE OAKLAND PARK, FL 33309	4156 N. W. 21ST AVE. OAKLAND PARK, FL 33309

DO NOT WRITE IN THIS SPACE

02/02/2004 No Chg-LLC CR2E083 (10/03)

4. FE Number
65-0995675
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FEINBERG, JEFFREY
400 HOLLYWOOD BLVD.,
SUITE 350-N
HOLLYWOOD, FL 33021

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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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FINTZ, MARCOS
STREET ADDRESS	4156 N. W. 21ST AVE.
CITY-ST-ZIP	OAKLAND PARK, FL 33309
TITLE	MGRM
NAME	FINTZ, ESTHER
STREET ADDRESS	4156 N. W. 21ST AVE.
CITY-ST-ZIP	OAKLAND PARK, FL 33309
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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04/28/04-80046-020 50.00

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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: _____ Marcos Fintz 4-26-04 954-735-3816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #