

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000009838

1. Entity Name
MASDEN, L.C.



Principal Place of Business
**2420 NORFOLK ROAD
ORLANDO, FL 32803**

Mailing Address
**2420 NORFOLK ROAD
ORLANDO, FL 32803**



01212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3663726	Applied For (Not Applicable)
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SEFCIK, JOSEPH
2420 NORFOLK ROAD
ORLANDO, FL 32803**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEFCIK, JOSEPH T 2420 NORFOLK ROAD ORLANDO, FL 32803
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SEFCIK, EUGENIA 2420 NORFOLK ROAD ORLANDO, FL 32803
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/25/05-80103-018 \$0.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

1-25-05 402 894-5168

Date

Daytime Phone #