2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90135 037 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L00000014821

1. Entity Name
MAHONEY HOLDINGS, LLC

Principal Place of Business	Mailing Address
~~319 CLEMATIS, STE. 404~~ ~~WEST PALM BEACH FL 33401~~	~~319 CLEMATIS, STE. 404~~ ~~WEST PALM BEACH FL 33401~~

2. Principal Place of Business	3. Mailing Address
234 EL BRILLO WAY	234 EL BRILLO WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH, FL	City & State: PALM BEACH, FL
Zip: 33480 Country: USA	Zip: 33480 Country: USA.

4. FEI Number 65-1059877 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOTOS, MICHAEL E
1 CLEMATIS STREET, SUITE 400
WEST PAM BEACH FL 33401

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

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MAHONEY, DANIEL J		NAME		
STREET ADDRESS	234 EL BRILLO WAY		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] SHERECN HAYES 4/29/04 561-478-0760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #