

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90119 011 ****50.00

0036211

DOCUMENT # L00000015267

1. Entity Name
MAAL, L.L.C.



Principal Place of Business Mailing Address

**880 MANDALAY AVENUE
SUITE SOUTH 707
CLEARWATER BEACH FL 33767**

**880 MANDALAY AVENUE
SUITE SOUTH 707
CLEARWATER BEACH FL 33767**

2. Principal Place of Business 3. Mailing Address

125 15th Street **125 15th Street**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Belleair Beach, FL **Belleair Beach, FL**

Zip Country Zip Country

33786-3307 **33786-3307** **33786-3307**

4. FEI Number **59-3685376** Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER FL 33756**

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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GASKILL, ALBERT R	
STREET ADDRESS	125 15TH STREET	
CITY-ST-ZIP	BELLEAIR BEACH FL 33786-3307	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	LENGWIN, MARK	
STREET ADDRESS	880 MANDALAY AVE. SOUTH 707	
CITY-ST-ZIP	CLEARWATER BEACH FL 33767-1237	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	LENGWIN, CAROL A	
STREET ADDRESS	880 MANDALAY AVE. SOUTH 707	
CITY-ST-ZIP	CLEARWATER BEACH FL 33767	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	MCKEEHAN, BARBARA	
STREET ADDRESS	13110 108TH AVENUE N.	
CITY-ST-ZIP	LARGO FL 33774	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MGRM	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara A. Gaskill	
STREET ADDRESS	125 15th Street	
CITY-ST-ZIP	Belleair Beach, FL 33786-3307	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Albert R. Gaskill* **4/14/03** **727-598-0051**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)