


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000002427

1. Entity Name
MASHTA PROPERTIES, L.C.



Principal Place of Business 287 W MASHTA DRIVE KEY BISCAVNE, FL 33149	Mailing Address 287 W MASHTA DRIVE KEY BISCAVNE, FL 33149
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02172006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1103918	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

**THOMSON, JOHN M ESQ.
 370 MIMOREA AVE.
 SUITE ONE
 CORAL GABLES, FL 33134**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASHTA PROPERTIES, LTD. P.O. BOX 4911588 KEY BISCAVNE, FL 33149
WIFE NAME STREET ADDRESS CITY-ST-ZIP	P ROSALES, XAVIER 287 WEST MASHTA DRIVE KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSALES, VANESSA 287 WEST MASHTA DRIVE KEY BISCAVNE, FL 33149
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **X. FRANCISCO ROSALES** **2/22/06** **(305)461-2142**

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