

**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 BISCAYNE, FL 33149**

Mailing Address
**287 W MASHTA DRIVE
KEY BISCAYNE, FL 33149**



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 ☐

\$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 _____

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MASHTA PROPERTIES, LTD. P.O. BOX 4911588 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ROSALES, XAVIER 287 WEST MASHTA DRIVE KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V ROSALES, VANESSA 287 WEST MASHTA DRIVE KEY BISCAYNE, FL 33149
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03/23/06-80023-002 50.00

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IN THIS SPACE**

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 #