


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008 08:00 A
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



01182008No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1103918	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSALES, XAVIER F
 287 W MASHTA DR
 KEY BISCAYNE, FL 33149

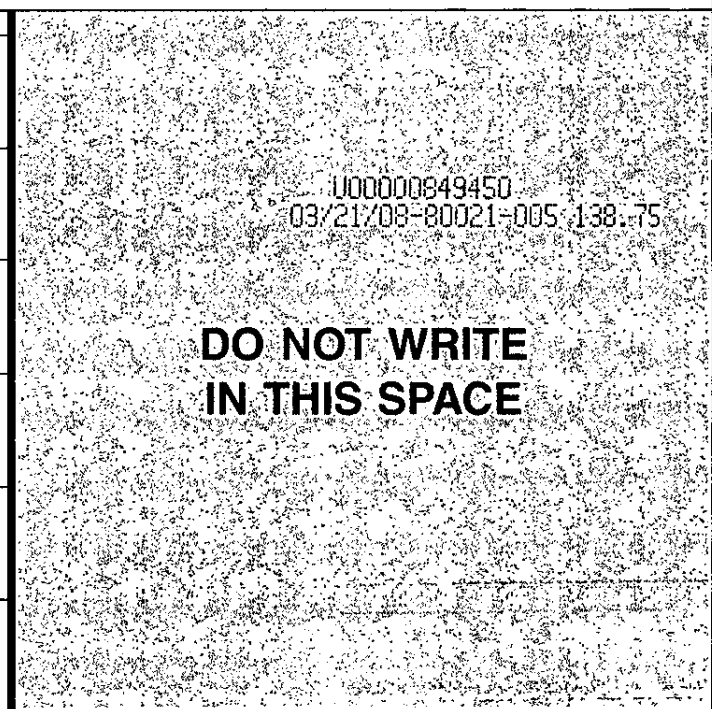


8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Florida I am familiar with, and accept the obligations of registered agent

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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 or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes

SIGNATURE: Xavier Rosales X. FRANCISCO ROSALES - 2/06/08 - (305)461-2142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #