

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002427

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** MASHTA PROPERTIES, L.C.

**Current Principal Place of Business:**

819 HARBOR DRIVE  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

819 HARBOR DRIVE  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 65-1103918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSALES, XAVIER F  
819 HARBOR DR DR  
KEY BISCAYNE, FL 33149 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MASHTA PROPERTIES, LTD.  
Address: P.O. BOX 4911588  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: P  
Name: ROSALES, XAVIER  
Address: 819 HARBOR DR  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: V  
Name: ROSALES, VANESSA  
Address: 819 HARBOR DR  
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: XAVIER F ROSALES

P

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date