2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L01000003330

## FILED Feb 12, 2004 8:00 am Secretary of State

1. Entity Nam	M PROPERTIES, LLC	3 <b>3</b> 0			01-29-2004 901	11 032 ***150.0	00
Principal Place of Business		Mailing Address			1		
6660 NW 23 BOCA RATO	3RD TERRACE ON FL 33496	6660 NW 23RD TERRA BOCA RATON FL 334	ACE 196				
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt. #. etc.		Suite, Apt. #, etc.			MOORE CR2E083 (11/03)		
City & State		City & State		4. FEI Number 65-1096034	Ar	oplied For	
Zip Country		Zip Country		try	5. Certificate of Status Desired	□ \$5.00 Add	
	6. Name and Address of Curre	ent Resistered Asient	ــــــــــــــــــــــــــــــــــــــ	<del></del>	7. Name and Address of New Reg	Fee Require	<u> </u>
	O, Postina Billy windless or worker	in Negistared Agent		Name	1. Jestina Stur Mpfillaga at 14644 1.05	Biggeren Wiles	<del></del>
BLC	OCH, BARRY	1	· )	\	10.0. Day Alicebar in Mat Accontable)	<u> </u>	
666	O NW-23RD-TERRACE		= - <del>-</del> -	Street Address	(P.O. Box Number is Not Acceptable)		<del></del>
BOC	CA RATON FL 33496						
			1	City	<u> </u>	FL Zip Cod	le .
8. The above	a named entity submits this statement	t for the purpose of changing it	ls registere	ed office or registe	ered agent, or both, in the State of Flori	ida. I am familiar with,	and accept
the obligat	tions of registered agent.						
	Signature, typed or printed name of registered agr	rem and tale if applicable. (NO		d Agent signature require	nd when ferreining]	DATE	
		Make Check Payal	ble to Fic ue By Ma	FEE IS \$50.00 orida Departme			
9.	<del></del>	IBERS/MANAGERS	10.		ADDITIONS/C		
TITLE NAME	MGR BLOCH, BARRY	☐ Delete	TITLE Name			Change	☐ Addition
STREET ADDRESS	6660 NW 23RD TERRACE			EET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-	-ST-ZIP		_	
TITLE	MGR	☐ Delete	TITLE	1		☐ Change	Addition
NAME OTREET ADDRESS	BLOCH, ESTELLE		NAM	-	•		
STREET ADDRESS CITY-ST-ZIP	6660 NW 23RD TERRACE BOCA RATON FL 33496			eet adoress '-st-zip'			
mrt.	DOOM INTO IT C 30-30	☐ Delete	TITLE		<del></del>	☐ Change	☐ Addition
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STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP	<u> </u>	<u> </u>		-ST-ZIP			<u> </u>
TITLE		Delete	MAM			☐ Change	Addition
NAME STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE		☐ Delete	TITLE	E		☐ Change	☐ Addition
NAME STREET APPROPRIE			NAM	- (			
STREET ADDRESS CITY-ST-ZIP				eet address /-st-zip			
Title	<del> </del>	☐ Delete	fille	<del></del>		☐ Change	Addition
NAME		FT Neter	NAME	I .			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP	<u> </u>		CITY	-ST-ZIP			
indicated	certify that the information supplied v d on this report is true and accurate a ability company or the receiver or trus	and that my signature shall have	e the same	e legal effect as if :	Section 119.07(3)(i), Florida Statutes, I f made under oath; that I am a managir pter 608, Florida Statutes.	further certify that the i ng member or manage	nformation er of the
CICNIAT	TUNE DO D	'al			, 2/9/2	64	





## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

February 2, 2004

TARADAM PROPERTIES, LLC 6660 NW 23RD TERRACE BOCA RATON, FL 33496

Subject: TARADAM PROPERTIES, LLC

Reference Number: (

L01000003330

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/gs ANNUAL REPORTS SECTION