

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

06-04-2004 90271 040 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

DOCUMENT # L01000010020

1. Entity Name  
 MIZY, LLC



Principal Place of Business

150 SE 2ND AVENUE  
 STE #1200  
 MIAMI, FL 33131

Mailing Address

150 SE 2ND AVENUE  
 STE #1200  
 MIAMI, FL 33131

14023290



05122004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1119993

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.  
 283 CATALONIA AVE 2ND FLOOR  
 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 reappointing)

DATE

**Filing Fee is \$50.00  
 Due by September 8, 2004**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
 NAME BAUM, MIGUEL  
 STREET ADDRESS 150 SE 2ND AVENUE STE #1200  
 CITY-ST-ZIP MIAMI, FL 33131

TITLE MGRM  
 NAME BAUM, ZYMA  
 STREET ADDRESS 150 SE 2ND AVENUE STE #1200  
 CITY-ST-ZIP MIAMI, FL 33131

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE  
 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #