


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000010289**  
 1. Entity Name  
**MAI PROPERTIES, L.C.**



Principal Place of Business  
**23395 JANICE AVE. UNIT #16**  
**PORT CHARLOTTE, FL 33980**

Mailing Address  
**23395 JANICE AVE UNIT 16**  
**PORT CHARLOTTE, FL 33980**



**DO NOT WRITE IN THIS SPACE**

01102008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>65-1132201</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LOPEZ, JOSE A**  
**23395 JANICE AVE UNIT 16**  
**PUNTA GORDA, FL 33980**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

**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	MGR LOPEZ, GERRY A 23395 JANICE AVE UNIT 16 PORT CHARLOTTE, FL 33980
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 01/23/08-80028-016-138.75

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 608, Florida Statutes.

SIGNATURE: Jose A. Lopez      **Jose A. Lopez**      01-17-08      (941) 743-5533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #