

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000016157

1. Entity Name  
MAOZ ENTERPRISES, L.L.C.



Principal Place of Business      Mailing Address  
1660 NE 12TH TERRACE      1660 NE 12TH TERRACE  
FT. LAUDERDALE, FL 33305      FT. LAUDERDALE, FL 33305



04202005 No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
65-1147534      Not Applicable

5. Certificate of Status Desired      ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MAOZ, BEN  
1660 NE 12TH TERRACE  
FT. LAUDERDALE, FL 33305

**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 reinstating)      DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

|                 |                          |
|-----------------|--------------------------|
| TITLE           | MGRM                     |
| NAME            | MAOZ, BEN                |
| STREET ADDRESS  | 1660 NE 12TH TERRACE     |
| CITY - ST - ZIP | FT. LAUDERDALE, FL 33305 |

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

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UN00000327318  
04/25/05-80033-005 50.00

**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: 4/21/05      Daytime Phone #