

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020715

Entity Name: MAS HOLDING, LLC

FILED
Jan 03, 2006
Secretary of State

Current Principal Place of Business:

10300 SUNSET DRIVE, SUITE 380
MIAMI, FL 33173 US

New Principal Place of Business:

10300 SUNSET DRIVE
SUITE 380
MIAMI, FL 33173 US

Current Mailing Address:

10300 SUNSET DRIVE, SUITE 380
MIAMI, FL 33173 US

New Mailing Address:

10300 SUNSET DRIVE
SUITE 380
MIAMI, FL 33173 US

FEI Number: 03-0461580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AYME, ALFREDO F SVP
10300 SUNSET DRIVE, SUITE 380
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

AYME, ALFREDO F SVP
10300 SUNSET DRIVE
SUITE 380
MIAMI, FL 33173 US

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: ALFREDO F AYME

01/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AYME, ALFREDO F SVP
Address: 10300 SUNSET DR. STE 380
City-St-Zip: MIAMI, FL 33173 US

Title: MGR () Delete
Name: MARTINEZ, REYNALDO A PRES
Address: 10300 SUNSET DR. STE 380
City-St-Zip: MIAMI, FL 33173 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: ALFREDO F AYME

MR

01/03/2006

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