## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 29, 2005 8:00 am Secretary of State

Pincipal Place of Dusiness 13 5 GREFIN RD 13 15 GREFIN RD 14 15 GREFIN RD 15 1	DOCUMENT # L01000021906  1. Entity Name MPSS, LLC					04-29-2005 90062 039 ****50.00			
Suita, Apr. 4. E. Suita  BOX A RATON  Sy 5 State  Sy 5 State  Sy 5 State  Sy 6 State  Sy 5 State  Sy 6 State  Sy 7 State  Sy 7 State  Sy 7 State  Sy 8 State  Sy 8 State  Sy 8 State  Sy 9 State	1815 GRIFFI #301	N RD	1815 GRIFFIN RD #301	3 US		20	051762		
City & State  DOCA RATON  Contry  29 33487  Country  Coun	2. Principal Place of Bysiness 6971 N. FEBELACHWY 6971 N. FEDERA			RAL HW	<del>y</del>				
Country   State   Country   State   Status Desired   St	Suite, Apt.	#, etc. 301	30	2/	0425200	Chg-LLC	CR2E083 (10/03)		
S. Certificate of Status Desired   Fee Required   S. Certificate of Status Desired   Fee Required   S. Certificate of Status Desired   Fee Required   S. Certificate of Status Desired Address of the Registered Agent   S. Charles   Charles   S. Charles	ו ר		City & State BOCA RA	TON FL			<u> </u>	•	
ADLER SIDNEY 1815 GRIFFIN RD 301  DANIA BEACH, FL 33433  6. The above named entity submits first stautifient for the purpose of phagoling its registered office or registered agent or both, in the State of Florida. I gar farmillar with, and accept the obligations of registered agent.  SIGNATURE    Signature, topes or prifered septime of the purpose of phagoling its registered office or registered agent or both, in the State of Florida. I gar farmillar with, and accept the obligations of registered agent or both, in the State of Florida. I gar farmillar with, and accept the obligations of registered agent or both, in the State of Florida. I gar farmillar with, and accept the obligations of registered agent or both, in the State of Florida. I gar farmillar with, and accept the obligations of registered agent or both, in the State of Florida. I gar farmillar with, and accept the obligations of registered agent or both, in the State of Florida. I gar farmillar with, and accept the obligations of registered agent.  SIDNEY   RELEC   Date   Date   Date	zip 33	148 / USA 1	<i>334</i> 87	Country US	A 5. Certifica	te of Status Desired			
ADLER SIDNEY 1815 GRIFFIN RD #301  ANIA BEACH, FL 33433  8. The above named entity submits fries stayment for the purpose of shapping its registered office or registered agent, or both, in the State of Forda. I gar familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I gar familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I gar familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I gar familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I gar familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I gar familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I gar familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I gar familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I gar familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I gar familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I gar familiar with, and accept the obligations of registered agent, or both, in the State of Forda. I gar familiar with, and accept the obligation of Forda objects		6. Name and Address of Corrent R	legistered Agent		7. Name a	nd Address of New R	egistered Agent		
#301 DANIA BEACH, FL 33433    B971 N - FEURAL HWY					SIDNEY ADVER				
City   BOCK   RATON   FL   Zd Code   RATON   FL   Zd Code   Report   Repo	#301				6971 N	E & OBRA	1 41/1/	#300	
B. The above named entity submits first statefrient for the purpose of paseging its registered office or registered agent, or both, in the State of Florida. I gm familiar with, and accept the obligations of registered agent.  SIGNATURE    SIGNATURE   Signature, hoped or partition agent and to a flagolachia. (NOTE: Registered Agent, produce or partition agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Registered Agent, produce or partition and to a flagolachia. (NOTE: Re	DANNE SOUNTE SOUNT			City	BOCA	A /	1-/-	9 / <b>6</b> 0 7	
SIGNATURE    Signature, hyped or printee-effect registered apole and law it spokeds   (NOTE: Registered Aport spokeds enter reinstance)   DATE	8. The above named entity submits this statement for the purpose of shanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept								
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  ITILE MGR	SIGNATURE SIDNEY ADLER 4/21, 105								
TITLE   MGR	Due by May 1, 2005								
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Di	ue by May 1, 2005				1		e	
TITLE MGR Delete WOLOFSKY, HOWARD STREET ADDRESS CITY-ST-ZIP DANIA BEACH, FL 33433  TITLE MGR WOLOFSKY, HOWARD STREET ADDRESS CITY-ST-ZIP DANIA BEACH, FL 33433  TITLE NAME STREET ADDRESS CITY-ST-ZIP DANIA BEACH, FL 33433  TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE DELETE DELETE DANIA BEACH, FL 33433  TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELETE DELETE DANIA BEACH, FL 33433  TITLE NAME STREET ADDRESS CITY-ST-ZIP CI	9.	MANAGING MEMBER			W/ 2/3	Florida	CHANGES		
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CITY-ST-ZIP DANIA BEACH, FL 33433  CITY-ST-ZIP BOCK RATION, FL 33487  TITLE NAME STREET ADDRESS CITY-ST-ZIP	9. IITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR WOLOFSKY, PETER 1815 GRIFFIN RD #301 DANIA BEACH, FL 33433	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAR WOLOFS 6971 N. BOCA RE	ADDITIONS)  KY PETE FEDERAL	CHANGES  CHANGES  Change  HWY, #30	Addition	
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information	9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR WOLOFSKY, PETER 1815 GRIFFIN RD #301 DANIA BEACH, FL 33433 MGR WOLOFSKY, HOWARD 1815 GRIFFIN RD #301	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MORA RE MOR WELOISKY 6971 N	ADDITIONS)  KY PETE  FEDERAL  TON, FE	CHANGES  Change  Change  Change  Change  Change  Change	Addition Addition Addition Addition	

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.