

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000000414  
 1. Entity Name  
 MICE & MORE MARKETING, L.L.C.



Principal Place of Business: 100 NORTH BISCAYNE BLVD. SUITE 2100 MIAMI, FL 33132 US  
 Mailing Address: 100 NORTH BISCAYNE BLVD. SUITE 2100 MIAMI, FL 33132 US



02112005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 90-0002110 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUR, THOMAS ESQ.  
 100 NORTH BISCAYNE BLVD.  
 SUITE 2100  
 MIAMI, FL 33132

**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: \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	AMERICAN TRANSLATION BUREAU, INC.
STREET ADDRESS	9952 S.W. 122 STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	MGRM
NAME	BAUR, ANGELA
STREET ADDRESS	9952 S.W. 122 STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	MGR
NAME	BAUR, THOMAS
STREET ADDRESS	9952 S.W. 122 STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000244462  
 02/26/05-80021-018 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]* 2-23-05 305 742 8931  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #