

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90424 047 ****50.00

DOCUMENT # L02000005963

1. Entity Name

MASTERSON HOLDINGS, LLC



Principal Place of Business

Mailing Address

~~9 EAST MAIN STREET, SUITE 200~~
~~MOORESTOWN NJ 08057~~

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~~MOORESTOWN NJ 08057~~

64061000

2. Principal Place of Business

6.5. BRYN MAWR Ave.

3. Mailing Address

P.O. Box A

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

Bryn Mawr PA

City & State

Wayne, PA

4. FEI Number

04-3735434

Applied For

Not Applicable

Zip

Country

19010

Zip

Country

19087

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLCOMB, VICTOR A ESQ.
106 SOUTH TAMPANIA AVE., STE. 200
TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **MASTERSON, RICHARD**
CITY-ST-ZIP **9 EAST MAIN STREET, SUITE 200 P.O. Box A**
MOORESTOWN NJ 08057 Wayne, PA 19087

TITLE ☒ Change ☐ Addition
NAME **P.O. Box A**
STREET ADDRESS **Wayne, PA 19087**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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: *William J. Buckner Pres.* **3/3/04** **609 792-9833**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #