


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90015 034 ****50.00


DOCUMENT # L02000006259	
1. Entity Name M.B. AUSTIN, LLC	

Principal Place of Business 5300 NW 33 AVE. STE 117 FT. LAUDERDALE FL 33309	Mailing Address 5300 NW 33 AVE. STE 117 FT. LAUDERDALE FL 33309
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2. Principal Place of Business 2709 Taft St	3. Mailing Address 2709 Taft St
Suite, Apt. #: etc.	Suite, Apt. #: etc.

City & State Hollywood FL	City & State Hollywood FL
Zip 33020	Zip 33020
Country USA	Country USA

24060046



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent SERCHAY, ALLAN 5300 NW 33 AVE. STE 117 FT. LAUDERDALE FL 33309	
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4. FEI Number 75-3028052	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent Name Bruce Fisher Street Address (P.O. Box Number is Not Acceptable) 2709 Taft St City Hollywood FL Zip Code 33020	

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 **Bruce Fisher** (NOTE: Registered Agent signature required when reinstating) DATE **April 22, 04**

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. FISHER, BRUCE 2709 TAFT STREET HOLLYWOOD FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Bruce Fisher** **April 22 04** **754 9015260**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #