### 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L02000008774**

1. Entity Name

MASSY MANAGEMENT ASSOCIATES, LLC



Principal Place of Business

312 S.E. 17TH STREET, 2ND FLOOR FT. LAUDERDALE, FL 33316 Mailing Address

312 S.E. 17TH STREET, 2ND FLOOR FT. LAUDERDALE, FL 33316

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

03-22-2004 90426 040 \*\*\*\*50.00

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01192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0676549

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SAAVEDRA, DAMASO W ESQ. SAAVEDRA, PELOSI & GOODWIN 312 S.E. 17TH STREET, 2ND FLOOR FT. LAUDERDALE, FL 33316

# 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	ONETE Registrated Aspetal suprestive excisient when constalling)	DATE		
Filing Een is \$50 00				

Filing Fee is \$50.00 Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS	
THLE NAME STREET ADDRESS CITY ST-ZIP	MGRM MASSY, LAUREN E 312 SE 17TH STREET, 2ND FLOOR FORT LAUDERDALE, FL 33316	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
THLE NAME STREET ADDRESS CITY-SY-ZH		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
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TITLE NAME STREET ADDRESS OTY-SE-ZIP		
11. I hereby certify that the information supplies with this filling does not qualify for the exel		

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplies with this filling 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 preceiver or instee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED

ED NAME OF SIGNIN MANACING MEMBER, OR AUTHORIZED REPRESENTATIVE

7 14ay

9947676333

Date

Daytime Phone #