2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200008774

1. Entity Name

MASSY MANAGEMENT ASSOCIATES, LLC



FILED Apr 15, 2003 8:00 am Secretary of State

04-15-2003 90028 026 ****50.00

					SO WE THE	1					
Principal Place	e of Busines	s	Mailing Address	-		1					
312 S.E. 17TH STREET. 2ND FLOOR FT. LAUDERDALE FL 33316			312 S.E. 17TH STREET. 2ND FLOOR FT. LAUDERDALE FL 33316								
		 					411 411 45 11 9 11 6 11 41 111 46 111	ALII! AAIAI AL		1611 A111 (A11	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State		4. FEI Number 01 - 06765 49 Applied Fo Not Applied				oplied For ot Applicable]	
Zip Country			Zip Countr		try	5. Certifica	te of Status Desired		\$5.00 Add Fee Require		
	6. Name	and Address of Current Re		الغرام أسيدا	- 7. Name a	nd Address of New Re	gistered A	\gent :]	
SAAVEDRA, DAMASO W ESQ.					Name						
SAAVEDRA, PELOSI & GOODWIN 312 S.E. 17TH STREET, 2ND FLOOR					Street Address (P.O. Box Number is Not Acceptable)						
		LE FL 33316									
<u> </u>		<u>:</u>			City			FL	Zip Cod		
8. The above the obligati	named entity ions of regist	y submits this statement for the ered agent.	ne purpose of changing its	register	ed office or register	ed agent, or b	ooth, in the State of Flor	ida. I am f	amiliar with,	and accept	
SIGNATURE _	Signature, typed	or printed name of registered agent and	title if applicable. (NOT	E: Registere	d Agent signature required	I when reinstating)	 ,	DATE			
			FILE NO) !!! WC	FEE IS \$50.00						
			Make Check Payable to Florida Departm			nt of State					
			Due	e By Ma	ay 1, 2003						
9.	· · · · · · · · · · · · · · · · · · ·	MANAGING MEMBERS	/MANAGERS 10.			ADDITIONS/CHANGES					
TITLE NAME	MGRM	LAUDEN E	☐ Delete	TITL					☐ Change	☐ Addition	CR2E083 (10/02)
NAME MASSY, LAUREN E STREET ADDRESS 312 SE 17TH STREET, 2ND FLOO			iR	NAM STRE	ET ADDRESS						5
CITY-ST-ZIP FORT LAUDERDALE FL 33316			'''	CITY	-ST-ZIP						88
TITLE			☐ Delete	TITL					☐ Change	☐ Addition	꾡
NAME		T		NAM							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST- ZIP			-			
TITLE			Delete	TITLE	-				Change	Addition	l
NAME		₹ . ~	* <u> </u>	- NAM	~·- ~ ~ ~		* * * * * * * * * * * * * * * * * * * *			- - 7777	· 9=
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP					- ŞT-ZIP					 _	
TITLE			☐ Delete	TITLI					☐ Change	Addition	1
NAME STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP					,	١
TITLE			☐ Delete	TITLE		· · · · ·			☐ Change	☐ Addition	ĺ
NAME		1		NAM	_						
STREET ADDRESS)		1 .	ET ADDRESS						
CITY-ST-ZIP				-	-ST-ZIP					[] A-395	1
TITLE NAME		1	☐ Delete	TITLE NAM					☐ Change	Addition	
STREET ADDRESS		1			ET ADDRESS						
CITY-ST-ZIP	I _		CITY	-ST-ZIP					!		
11 Lhereby Co	ertify that the	information supplied with the	ie filing does not qualify for	the eve	motion stated in Se	otion 119 07/3	N(i) Florida Statutos 11	further cert	ify that the in	oformation	l

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: QUALIFICATION OF PRINTED NAME OF SIGNING MANAGING HEMBER, MANAGER OR AUTHORIZED REPRESENTATIV

7/7/0/0 5

Daytime Phone #