

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90595 042 ****50.00

DOCUMENT # L02000009602			
1. Entity Name MEKRAS ARIZONA LLC			
Principal Place of Business 3920 N HWY A1A PH 1 FT PIERCE, FL 34949		Mailing Address 3920 N HWY A1A PH 1 FT PIERCE, FL 34949	
2. Principal Place of Business <i>434 INDIES DRIVE</i>		3. Mailing Address <i>434 INDIES DRIVE</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>VERO BEACH, FL</i>		City & State <i>VERO BEACH, FL</i>	
Zip <i>32963-9504</i>		Country <i>USA</i>	
4. FEI Number 02-0605286		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MEKRAS, SATIRA 3920 N. HIGHWAY A1A PENTHOUSE - 1 FT. PIERCE, FL 34949-8545		7. Name and Address of New Registered Agent Name <i>SATIRA MEKRAS</i> Street Address (P.O. Box Number is Not Acceptable) <i>434 INDIES DRIVE</i> City <i>VERO BEACH</i> FL <i>32963-9504</i>	
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 <i>Satira Mekras</i> DATE <i>2/28/05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEKRAS, SATIRA 3920 N HWY A1A, PH 1 FT PIERCE, FL 34949	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEORGE D. MEKRAS, M.D. 434 INDIES DRIVE VERO BEACH, FL 32963-9504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEKRAS, SATIRA 434 INDIES DRIVE VERO BEACH, FL 32963-9504	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEKRAS, SATIRA 434 INDIES DRIVE VERO BEACH, FL 32963-9504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS 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 <i>Satira Mekras</i> DATE <i>2/28/05</i> 772-7084364			