

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000011342

Entity Name: MCTR, L.L.C.

**FILED**  
**Feb 10, 2004**  
**Secretary of State**

## **Current Principal Place of Business:**

1345 ALTON ROAD  
MIAMI BEACH, FL 33139

## **New Principal Place of Business:**

12555 ORANGE DRIVE  
4B  
DAVIE, FL 33330 US

## **Current Mailing Address:**

PO BOX 398178  
MIAMI BEACH, FL 33239

## **New Mailing Address:**

PO BOX 327328  
FORT LAUDERDALE, FL 33332 US

FEI Number: 75-3053732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

CYPEN, MYLES G ESQUIRE  
1345 ALTON ROAD  
MIAMI BEACH, FL 33139 US

## **Name and Address of New Registered Agent:**

CYPEN, MYLES G ESQUIRE  
12555 ORANGE DRIVE  
4B  
DAVIE, FL 33330 US

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.

SIGNATURE:

02/10/2004

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CYPEN, MYLES G  
Address: 1345 ALTON ROAD  
City-St-Zip: MIAMI, FL 33139

## **ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CYPEN, MYLES G  
Address: PO BOX 327328  
City-St-Zip: FORT LAUDERDALE, FL 33332 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MYLES G. CYPEN

MGRM

02/10/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date