



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90115 006 ***150.00

DOCUMENT # L02000012724					
1. Entity Name MAS GROUP, L.L.C.					
Principal Place of Business 3659 SOUTH MIAMI AVENUE, SUITE 3003 MIAMI, FL 33133			Mailing Address 3659 SOUTH MIAMI AVENUE, SUITE 3003 MIAMI, FL 33133		
2. Principal Place of Business 3181 CORAL WAY Suite, Apt. #, etc. 5TH FLOOR		3. Mailing Address 3181 CORAL WAY Suite, Apt. #, etc. 5TH FLOOR			
City & State MIAMI, FL		City & State MIAMI, FL		04052004 Chg-LLC CR2E083 (10/03)	
Zip 33145		Country USA		4. FEI Number 51-0427619	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WALKER, MICHAEL B 777 BRICKELL AVENUE, SUITE 900 SUNTRUST BLDG. MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: ILDEFONSO S. MAS MD. Street Address (P.O. Box Number is Not Acceptable): 3181 CORAL WAY 5TH FL. 5TH FLOOR City: MIAMI FL Zip Code: 33145		
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>Ildefonso S. Mas</i> DATE: _____ <small>(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAS, ILDEFONSO J MD 3659 S MIAMI AVE #3003 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAS, ILDEFONSO J MD 3181 CORAL WAY 5TH FL. MIAMI, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAS, RAFAEL J MD 3629 S MIAMI AVE #3003 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAS, RAFAEL J MD 3181 CORAL WAY 5TH FL. MIAMI, FL 33145	<input checked="" 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
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
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>Ildefonso S. Mas</i>			305-858-3494		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		