

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012724

Entity Name: MAS GROUP, L.L.C.

FILED  
Jan 23, 2007  
Secretary of State

**Current Principal Place of Business:**

3181 CORAL WAY  
5TH FLOOR  
MIAMI, FL 33145 US

**New Principal Place of Business:**

**Current Mailing Address:**

3181 CORAL WAY  
5TH FLOOR  
MIAMI, FL 33145 US

**New Mailing Address:**

FEI Number: 51-0427619

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAS, ILDEFONSO J M.D.  
3181 CORAL WAY 5TH FL.  
5TH FLOOR  
MIAMI, FL 33145 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MAS, ILDEFONSO J MD  
Address: 3181 CORAL WAY 5TH FL.  
City-St-Zip: MIAMI, FL 33145

Title: MGRM ( ) Delete  
Name: MAS, RAFAEL J MD  
Address: 3181 CORAL WAY 5TH FL.  
City-St-Zip: MIAMI, FL 33145

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MAS, ILDEFONSO J MD  
Address: 3181 CORAL WAY 5TH FLOOR  
City-St-Zip: MIAMI, FL 33145

Title: MGRM (X) Change ( ) Addition  
Name: MAS, RAFAEL J MD  
Address: 3181 CORAL WAY 5TH FLOOR  
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ILDEFONSO J. MAS MD

MGRM

01/23/2007

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