

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90067 026 \*\*\*\*50.00

**DOCUMENT # L02000022744**

1. Entity Name  
**MONTROSE SYSTEMS LTD., CO.**



Principal Place of Business  
**3731 S.W. 124TH COURT  
MIAMI, FL 33175**

Mailing Address  
**3731 S.W. 124TH COURT  
MIAMI, FL 33175**

**24031491**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOZEALOUS, H. GRAHAM  
3731 S.W. 124TH COURT  
MIAMI, FL 33175**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*N/A*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **MGRM** ☒ Delete  
NAME **MOZEALOUS, H. GRAHAM**  
STREET ADDRESS **3731 SW 124 CT.**  
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **MOZEALOUS, H. GRAHAM**  
STREET ADDRESS **3731 SW 124 CT.**  
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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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:

*H. Graham Mozealous*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-27-04**

Date

**305-221-5109**

Daytime Phone #