

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90032 036 \*\*\*\*50.00

**DOCUMENT # L02000025270**

1. Entity Name  
MTC LLC



Principal Place of Business  
% TRIZEL COMMERCIAL REAL ESTATE  
250 CATALONIA AVE. SUITE 305  
CORAL GABLES, FL 33134

Mailing Address  
% TRIZEL COMMERCIAL REAL ESTATE  
250 CATALONIA AVE. SUITE 305  
CORAL GABLES, FL 33134

**24082703**



07202004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

51-0457440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHIALASTRI, THOMAS  
250 CATALONIA AVE. SUITE 305  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME CHIALASTRI, THOMAS  
STREET ADDRESS 250 CATALONIA AVE, STE 305  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #

*Thomas Chialastri* 8/15/04 305-441-0000