

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90278 015 ****50.00

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03282005 Chg-LLC CR2E083 (10/03)

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|---|--|--|--|---------------------------------------|--|
| DOCUMENT # L02000032706 1. Entity Name MOTEK MANAGEMENT, LLC | | | | | |
| Principal Place of Business 19101 MYSTIC PT DR, STE 2808 AVENTURA, FL 33180 | | | Mailing Address 19101 MYSTIC PT DR, STE 2808 AVENTURA, FL 33180 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 13-4224310 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BRONSTEIN, DINA 3511 W COMMERCIAL BLVD STE 200 FORT LAUDERDALE, FL 33309 | | | 7. Name and Address of New Registered Agent Name BRONSTEIN, DINA Street Address (P.O. Box Number is Not Acceptable) 3511 W. COMMERCIAL BLVD SUITE 100 City FT LAUDERDALE FL Zip Code 33309 | | |
| 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: DATE: 3/28/05 <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, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BRONSTEIN, HILLEL 19101 MYSTIC POINT DRIVE, SUITE 2808 AVENTURA, FL 33180 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BRONSTEIN, PAULETTE 19101 MYSTIC POINT DRIVE, SUITE 2808 AVENTURA, FL 33180 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BRONSTEIN, DINA 19101 MYSTIC POINT DRIVE, SUITE 2808 AVENTURA, FL 33180 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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: | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |
| <small>Date</small> | | | | <small>Daytime Phone #</small> | |