

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-11-2004 90211 021 ****50.00

DOCUMENT # L0300000J111	
1. Entity Name MEGA PARTNERS DEVELOPMENT, LLC	

Principal Place of Business 202 S.W. 2ND STREET SUITE C FT. LAUDERDALE FL 33301	Mailing Address 202 S.W. 2ND STREET SUITE C FT. LAUDERDALE FL 33301
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2. Principal Place of Business 425 N Andrews Avenue	3. Mailing Address 425 N Andrews Avenue
Suite, Apt. #, etc. #1	Suite, Apt. #, etc. #1

City & State Fort Lauderdale Florida	City & State Fort Lauderdale Florida
Zip 33301	Country USA

4. FEI Number 43-1992498	Applied For ☐ Not Applicable
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6. Name and Address of Current Registered Agent ELKIN, STEVEN C ESQ FRANK, WEINBER & BLACK, P.L. 7805 S.W. 6TH COURT PLANTATION FL 33324	
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

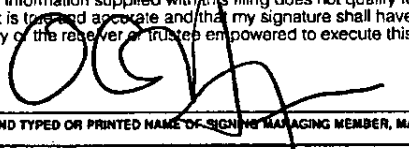
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 	Date 02/04/04	Daytime Phone # 954 761-8435
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MOORE CR2E083 (11/03)