2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

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DOCUMENT # L03000001111

1. Entity Name

MEGA PARTNERS DEVELOPMENT, LLC

34000775

MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
202 S.W. 2ND STREET SUITE C FT. LAUDERDALE FL 33301	202 S.W. 2ND STREET SUITE C FT. LAUDERDALE FL 33301

2. Principal Place of Business		3. Mailing Address	
425 N Andrews Avenue		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	Zip: 33301	Country: USA

4. FEI Number: 43-1992498 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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: MANAGING MEMBER NAME: ALAN C. HOOPER STREET ADDRESS: 425 N. ANDREWS AVE. #401 CITY-ST-ZIP: FT. LAUDERDALE FLORIDA 33301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MANAGING MEMBER NAME: KELLY DRUM STREET ADDRESS: 1900 SE 15 St. CITY-ST-ZIP: FT. LAUDERDALE, FL 33316	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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: ______ 02/04/04 954 761 8439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #