


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90032 029 ****50.00

DOCUMENT # L03000001464		
1. Entity Name MARS FIDELITY TRUST, LLC		

Principal Place of Business 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461-6606	Mailing Address 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461-6606
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

04122004 Chg-LLC CR2E083 (10/03)

4. FEI Number
04-3739687

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

6. Name and Address of Current Registered Agent RUKIN, ROGER 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461-6606	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M JAMES B. RUKIN REVOCABLE TRUST <input type="checkbox"/> Delete 2328 10th AVE. NORTH, SUITE 403 LAKE WORTH, FL 33461-6606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M JULIA R. RUKIN REVOCABLE TRUST <input type="checkbox"/> Delete 2328 10th AVE. NORTH, SUITE 403 LAKE WORTH, FL 33461-6606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUKIN, ROGER B. <input type="checkbox"/> Delete 2328 10th AVE. NORTH, SUITE 403 LAKE WORTH, FL 33461-6606
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

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *ROGER B. RUKIN* **ROGER B. RUKIN** 4/12/04 561586-0100
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #