

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000003700

1. Entity Name

MARS WAY, LLC



FILED

04 OCT -1 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE

CR2E083 (4/04)

Principal Place of Business  
2401 PGA BOULEVARD STE. 155  
PALM BEACH GARDENS FL 33410

Mailing Address  
2401 PGA BOULEVARD STE. 155  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

2979 PGA Blvd.  
Palm Beach Gardens, FL 33410

2979 PGA Blvd.  
Palm Beach Gardens, FL 33410

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALCZAK, PAUL  
2401 PGA BOULEVARD STE. 155  
PALM BEACH GARDENS FL 33410

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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **PAUL WALCZAK**  
STREET ADDRESS **2979 PGA BOULEVARD**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

**200041874542**  
**10/14/04--01006--016 \*\$50.00**

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**PAUL WALCZAK**

**8/31/04**

Date

Daytime Phone #