

From:

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90030 049 ****50.00

DOCUMENT # L03000010476

1. Entity Name
MAZER & MAZER HOLDINGS, LLC



Principal Place of Business
**1240 W. 13TH ST., BUILDING 2
WEST PALM BEACH, FL 33404**

Mailing Address
**1240 W. 13TH ST., BUILDING 2
WEST PALM BEACH, FL 33404**

60036602



04202006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
11-3682372

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAZER, RUSSELL
1240 W. 13TH ST., BUILDING 2
WEST PALM BEACH, FL 33404**

Name
SAMUEL MAZER
Street Address (P.O. Box Number is Not Acceptable)
1240 W. 13TH STREET, BUILDING 2
City
West Palm Beach FL Zip Code
33404

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 **Samuel R. Mazer**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remaining)

DATE

April 20, 2006

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to:
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MAZER, SAMUEL
1240 13TH STREET BUILDING 2
WEST PALM BEACH, FL 33404** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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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 exemptions contained in Chapter 119, 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 its 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

4/20/06

Date

561-445-4445

Daytime Phone #