


From:

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

04/19/2007 10:33 #050 P.006/007

FILED

**Apr 23, 2007 08:00 A
Secretary of State**

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
--	--



04182007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3682372	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**U00000724545
05/02/07-80113-025 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAZER, SAMUEL 1240 13TH STREET BUILDING 2 WEST PALM BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Samuel R. Mazer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/19/07

Date

561-445-4445

Daytime Phone #