

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000012399

1. Entity Name
MNT INVESTMENTS, LLC



Principal Place of Business
200 OCEAN AVENUE
SUITE 202
MELBOURNE BEACH, FL 32951

Mailing Address
200 OCEAN AVENUE
SUITE 202
MELBOURNE BEACH, FL 32951



04132005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0516547

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORSE, ROBERT J ESQUIRE
200 OCEAN AVE. SUITE 203
MELBOURNE, FL 32951

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MORSE, ROBERT
200 OCEAN AVE E 202
MELBOURNE BEACH, FL 32951

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
TURNER, GARY
200 OCEAN AVE # 202
MELBOURNE BEACH, FL 32951

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
NASRALLAH, SAMEER
200 OCEAN AVE # 203
MELBOURNE BEACH, FL 32951

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000310340
04/16/05-80072-017 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/13/05 321 729 8938