

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000014327

1. Entity Name
MINDEN MANAGEMENT ASSOCIATES, LLC



Principal Place of Business

9150 SW 87TH AVE. SUITE #205
MIAMI, FL 33176

Mailing Address

9150 SW 87TH AVE. SUITE #205
MIAMI, FL 33176



01112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-1886668

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MALE, MICHAEL H
3250 MARY STREET SUITE #303
MIAMI, FL 33133

**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**

U000000263979
03/15/05-80007-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GREENSTEIN, STEWART A 9150 SW 87TH AVE. SUITE #205 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SKORIC, PAUL U 9150 SW 87TH AVE. SUITE #205 MIAMI, FL 33176
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 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

3/10/05

Date

Daytime Phone #

305-595-1518