


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90103 026 \*\*\*\*50.00

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # L03000025840</b>  |  |  |   |  |  |
| 1. Entity Name<br><b>MAST INVESTMENTS, LLC</b>  |  |  |   |   |  |
| Principal Place of Business<br><b>1449 WAGON WHEEL DRIVE<br/>SARASOTA, FL 34240</b>   |  |  | Mailing Address<br><b>1449 WAGON WHEEL DRIVE<br/>SARASOTA, FL 34240</b> |   |  |
| 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<br><b>51-0475628</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
|   |  |  |   | <b>\$5.00 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent                             |   |  |
| <b>MAST, LEROY O<br/>1449 WAGON WHEEL DRIVE<br/>SARASOTA, FL 34240</b>  |  |  | Name  |   |  |
|   |  |  | Street Address (P.O. Box Number is Not Acceptable)                      |   |  |
|   |  |  |   |   |  |
|   |  |  | City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |   |   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |  |  | Make check payable to<br>Florida Department of State                    |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>MAST, LEORY O TRUSTEE<br>1449 WAGON WHEEL DRIVE<br>SARASOTA, FL 34240 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>MAST, CHERYL J TRUSTEE<br>1449 WAGON WHEEL DRIVE<br>SARASOTA, FL 34240 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |   |  |
| 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: <i>Leroy Mast</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  | 2-14-05<br>Date   |   |  |
|   |  |  | 9414915-0792<br>Daytime Phone #   |   |  |

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01122005 Chg-LLC CR2E083 (10/03)