

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90075 029 \*\*\*\*50.00

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # L03000029543</b><br>1. Entity Name<br><b>MONTEZUMA HOLDINGS, LLC</b>  |  |  |   |  |  |
| Principal Place of Business<br><b>1560 SOUTHWEST 14TH DRIVE<br/>BOCA RATON, FL 33486-6505</b>   |  |  | Mailing Address<br><b>1560 SOUTHWEST 14TH DRIVE<br/>BOCA RATON, FL 33486-6505</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>20-0167359</b>  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |  |   | <b>\$5.00</b> Additional Fee Required                  |  |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent   |  |  |
| <b>CHRISTIAN, GARY I<br/>3100 UNIVERSITY BLVD. SOUTH, SUITE 101<br/>JACKSONVILLE, FL 32216</b>  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____   |  |  |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>   |  | <b>Make check payable to<br/>Florida Department of State</b> |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>ROSEVINE ENTERPRISES, LLC<br/>1560 SOUTHWEST 14TH DRIVE<br/>BOCA RATON, FL 334866505</b> | <input type="checkbox"/> Delete                              |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>COOL SPRINGS RANCH, LLC<br/>1950 SPECTRUM CIRCLE, SUITE 400<br/>MARIETTA, GA 30067</b>   | <input type="checkbox"/> Delete                              |   |  |  |
| 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"/> Delete                              |   |  |  |
| 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"/> Delete                              |   |  |  |
| 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"/> Delete                              |   |  |  |
| 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. |  |  |   |  |  |
| <b>SIGNATURE: <i>Ann M. Rosenberg</i> Manager April 20, 2004 561-416-9096</b>   |  |  |   |  |  |

*Ann M. Rosenberg*