

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

04-26-2004 90040 027 ****50.00

DOCUMENT # L03000052356 1. Entity Name M.P. 2203, LLC																																															
Principal Place of Business 19195 NE 36 COURT #2203 NO. MIAMI BEACH, FL 33180 US			Mailing Address 19195 NE 36 COURT #2203 NO. MIAMI BEACH, FL 33180 US																																												
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																												
4. FEI Number 20-1160392			Applied For ☐ Not Applicable																																												
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required																																												
6. Name and Address of Current Registered Agent SUPRASKI, LOUIS A 2450 NE MIAMI GARDENS DRIVE 2ND FLOOR NORTH MIAMI BEACH, FL 33180			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Due by May 1, 2004		Make check payable to Florida Department of State																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 55%;"> MGRM NEWMAN, NATHAN 19195 NE 36 COURT, #2203 NORTH MIAMI BEACH, FL 33180 </td> <td style="width: 10%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 55%;"></td> <td style="width: 10%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Change ☒ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWMAN, NATHAN 19195 NE 36 COURT, #2203 NORTH MIAMI BEACH, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: 4/28/04																																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____																																															