

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90079 014 ****55.00

DOCUMENT # L04000001601

1. Entity Name
MPS3D, LLC



Principal Place of Business
1000 WEST MCNAB ROAD
SUITE 200
POMPAÑO BEACH, FL 33069

Mailing Address
1000 WEST MCNAB ROAD
SUITE 200
POMPAÑO BEACH, FL 33069

20008458



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
20-0907297

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, STEPHEN C
1000 WEST MCNAB ROAD
SUITE 200
POMPAÑO BEACH, FL 33069

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MILITA, MICHAEL D
STREET ADDRESS 1000 WEST MCNAB ROAD, SUITE 200
CITY-ST-ZIP POMPAÑO BEACH, FL 33069

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME PINA, RICK R
STREET ADDRESS 300 ARAGON AVENUE, SUITE 360
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME SMITH, STEPHEN C
STREET ADDRESS 1000 WEST MCNAB ROAD, SUITE 200
CITY-ST-ZIP POMPAÑO BEACH, FL 33069

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME SMITH, CRAIG A
STREET ADDRESS 1000 WEST MCNAB ROAD, SUITE 200
CITY-ST-ZIP POMPAÑO BEACH, FL 33069

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME SCHRINER, GENE R
STREET ADDRESS 1000 WEST MCNAB ROAD, SUITE 200
CITY-ST-ZIP POMPAÑO BEACH, FL 33069

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

STEPHEN C. SMITH

1-27-05 954-782-8222