

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007731

Entity Name: MAYFAIR HOLDINGS, LLC

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

1110 BRICKELL AVENUE
SUITE 504
MIAMI, FL 33131

New Principal Place of Business:

119 VICTOR HEIGHTS PARKWAY
VICTOR, NY 14564

Current Mailing Address:

1110 BRICKELL AVENUE
SUITE 504
MIAMI, FL 33131

New Mailing Address:

1200 BRICKELL AVE
SUITE 900
MIAMI, FL 33131

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHATZMAN, LARRY O
1110 BRICKELL AVENUE
SUITE 504
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVE
SUITE 900
MIAMI, FL 33131 US

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.

SIGNATURE: ROBERT R ADAMS

04/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: THORNE, ROBERT F
Address: 1110 BRICKELL AVENUE, SUITE 504
City-St-Zip: MIAMI, FL 33131

Title: MGR (X) Delete
Name: CHRISTA, DAVID F
Address: 1110 BRICKELL AVENUE, SUITE 504
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHRISTA, DAVID F
Address: 119 VICTOR HEIGHTS PARKWAY
City-St-Zip: VICTOR, NY 14564

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID CHRISTA

MGR

04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date