

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020029

Entity Name: MAYER ENTERPRISES, LLC.

FILED
Jan 11, 2005
Secretary of State

Current Principal Place of Business:

3170 NORTH FEDERAL HWY
SUITE 100
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

Current Mailing Address:

3170 NORTH FEDERAL HWY
SUITE 100
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRAGA, LUCIANA B
3170 NORTH FEDERAL HWY
SUITE 100
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

MARIANO, LUCIANA M
3170 NORTH FEDERAL HWY
SUITE 100
LIGHTHOUSE POINT, FL 33064 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: LUCIANA M MARIANO

01/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BRAGA, LUCIANA B
Address: 3750 NE 12 TERRACE
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGR () Delete
Name: MARIANO, DOUGLAS
Address: 3750 NE 12 TERRACE
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARIANO, LUCIANA M
Address: 3750 NE 12 TERRACE
City-St-Zip: POMPANO BEACH, FL 33064

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: LUCIANA M MARIANO

MGR

01/11/2005

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