2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2005
Secretary of State

DOCUMENT# L04000028152

Entity Name: M.L., L.L.C.

Current Principal Place of Business:

1161 SUN CENTURY RD
UNIT 1
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1161 SUN CENTURY RD
UNIT 1
NAPLES, FL 34110

New Mailing Address:

2185 ARIELLE DRIVE
APT 1405
NAPLES, FL 34109

FEI Number: 65-1227104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DRATLER, LUCY
1161 SUN CENTURY RD
UNIT 1
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

LALIT, GUPTA K
2185 ARIELLE DRIVE
APT 1405
NAPLES, FL 34109 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: LALIT GUPTA 09/01/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: REYES, MAURICIO
Address: 1161 SUN CENTURY RD, UNIT 1
City-St-Zip: NAPLES, FL 34110

Title: MGR ( ) Delete
Name: GUPTA, LALIT K
Address: 1161 SUN CENTURY RD, UNIT 1
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

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

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: LALIT GUPTA MGR 09/01/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date