

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90108 035 \*\*\*\*50.00  
04-19-2005 90022 033 \*\*\*\*50.00

DOCUMENT # L04000030501

1. Entity Name  
MEF, LLC



Principal Place of Business  
1428 BRICKELL AVENUE, SUITE 400  
MIAMI, FL 33131

Mailing Address  
1428 BRICKELL AVENUE, SUITE 400  
MIAMI, FL 33131



2. Principal Place of Business  
300 South Point Drive  
Suite, Apt. #, etc.  
903

3. Mailing Address  
300 South Point Dr.  
Suite, Apt. #, etc.  
903

03302005 Chg-LLC CR2E083 (10/03)

City & State  
Miami Beach FL  
Zip  
33139 Country  
US

City & State  
Miami Beach, FL  
Zip  
33139 Country  
US

4. FEI Number  
Applied For ☒ Applied For  
Not Applicable

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

CUMMINGS, PAUL M  
1428 BRICKELL AVENUE, SUITE 400  
MIAMI, FL 33131

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, 2005

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
FARIDAD, MARY E  
1428 BRICKELL AVENUE, SUITE 400  
MIAMI, FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
300 South Point Dr. #903  
Miami Beach, FL 33139 ☒ Change ☐ Addition

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

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

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

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 #

MARY FARIDAD 3/20/05 (305) 534-4086