
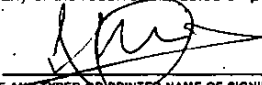


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90151 050 ****50.00

DOCUMENT # L04000043985					
1. Entity Name MPZ MANAGEMENT, LLC					
Principal Place of Business 10520 N.W. 26 STREET SUITE 201 MIAMI, FL 33172			Mailing Address 10520 N.W. 26 STREET SUITE 201 MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box # <i>10520 NW 26 St.</i>		3. Mailing Address <i>10520 NW 26 St.</i>			
Suite, Apt. #, etc. <i>C 201</i>		Suite, Apt. #, etc. <i>C 201</i>			
City & State <i>Doral, FL</i>		City & State <i>Doral, FL</i>		02202007 Chg-LLC CR2E083 (12/06)	
Zip <i>33172</i>		Country <i>U.S.A.</i>		4. FEI Number 20-1245174	
Zip <i>33172</i>		Country <i>U.S.A.</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CABANAS, JOSE E 10520 NW 26 ST SUITE C-201 DORAL, FL 33172			7. Name and Address of New Registered Agent		
			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, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARDO, MARIA E 10520 NW 26 ST., SUITE C201 DORAL, FL 33172 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Cabanas, Jose E. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>10520 NW 26 St. - C 201 Doral, FL 33172</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: <i>2/19/07</i> (305) 513 3639		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
<i>Jose E. Cabanas</i>					