


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000043985</b>	
1. Entity Name MPZ MANAGEMENT, LLC	

Principal Place of Business 10520 N.W. 26 STREET C 201 DORAL, FL 33172 US	Mailing Address 10520 N.W. 26 STREET C 201 DORAL, FL 33172 US
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**DO NOT WRITE IN THIS SPACE**



03282008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1245174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CABANAS, JOSE E  
 10520 NW 26 ST  
 SUITE C-201  
 DORAL, FL 33172

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**


U00000875372  
 04/11/08-80030-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARDO, MARIA E 10520 NW 26 ST., SUITE C201 DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABANAS, JOSE E 10520 NW 26 ST. C 201 DORAL, FL 33172
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: 3/27/08 DAYTIME PHONE #: (305) 513 3639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Jose E. Cabanas