

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043985

FILED
Feb 02, 2009
Secretary of State

Entity Name: MPZ MANAGEMENT, LLC

Current Principal Place of Business:

10520 N.W. 26 STREET
C 201
DORAL, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

10520 N.W. 26 STREET
C 201
DORAL, FL 33172 US

New Mailing Address:

FEI Number: 20-1245174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PARDO, MARIA E
Address: 10520 NW 26 ST., SUITE C201
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES:

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

Title: MGR () Delete
Name: CABANAS, JOSE E
Address: 10520 NW 26 ST. C 201
City-St-Zip: DORAL, FL 33172

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOSE E. CABANAS

MGR

02/02/2009

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