
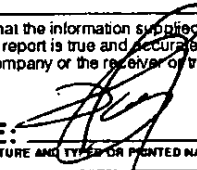


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

5 Jun 10, 2005 8:00 am
Secretary of State

05-12-2005 90031 049 ****50.00

DOCUMENT # L04000046254			
1. Entity Name BEZTAK ASCOT LLC.			
Principal Place of Business 4700 N.W. BOCA RATON BLVD., 4TH FLOOR BOCA RATON FL 33431		Mailing Address 4700 N.W. BOCA RATON BLVD., 4TH FLOOR BOCA RATON FL 33431	
2. Principal Place of Business 2201 NW CORPORATE BLVD. SUITE 100 BOCA RATON, FL 33431 USA		3. Mailing Address 2201 NW CORPORATE BLVD. SUITE 100 BOCA RATON, FL 33431 USA	
4. FEI Number 38-1228699		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JAKOBSON, MARKUS E 4700 N.W. BOCA RATON BLVD., 4TH FLOOR BOCA RATON FL 33431		7. Name and Address of New Registered Agent Name: JAKOBSON, MARKUS E. Street Address: 2201 NW CORPORATE BLVD. SUITE 100 City: BOCA RATON, FL 33431 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<div style="text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 </div>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MAPA, L.L.C. 4700 N.W. BOCA RATON BLVD., 4TH FLOOR BOCA RATON FL 33431 <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	MGRM LESA ASSOCIATES, L.L.C. 31781 NORTHWESTERN HIGHWAY, SUITE 250-W FARMINGTON HILLS MI 48334 <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
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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 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: 		Harold Beznos 4/18/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	