2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# L04000049194

Entity Name: MAHLER PROPERTIES LIMITED LIABILITY COMPANY

Current Principal Place of Business:

401 E. LAS OLAS BOULEVARD
130
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

401 E. LAS OLAS BOULEVARD
#130
FORT LAUDERDALE, FL 33301 US

Current Mailing Address:

401 E. LAS OLAS BOULEVARD
130
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

401 E. LAS OLAS BOULEVARD
#130
FORT LAUDERDALE, FL 33301 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WHITFIELD, CHERYL G
401 E. LAS OLAS BOULEVARD
130
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

WHITFIELD, CHERYL G
401 E. LAS OLAS BOULEVARD
#130
FORT LAUDERDALE, FL 33301 US

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: 04/25/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: CEO ( ) Delete
Name: WHITFIELD, CHERYL G
Address: 401 E. LAS OLAS BOULEVARD, SUITE 130
City-St-Zip: FORT LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WHITFIELD, CHERYL G
Address: 401 E. LAS OLAS BOULEVARD, SUITE 130
City-St-Zip: FORT LAUDERDALE, FL 33301 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHERYL GRACE WHITFIELD MGR 04/25/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date