

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90018 006 ****50.00

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1. Entity Name
MS ASSOC., LLC

Principal Place of Business
**200 MACFAR LANE DR #502
 DELRAY BEACH, FL 33483**

Mailing Address
**200 MACFAR LANE DR #502
 DELRAY BEACH, FL 33483**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052005 Chg-LLC CR2E083 (10/03)

4. FEI Number
51-0517393

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARKER, JOHN W
 115 CORPROATION WAY, C
 VENICE, FL 34293**

Name **ALAN Schlossberg**

Street Address (P.O. Box Number is Not Acceptable)

200 MACFARLANE DRIVE apt 502

City **Delray Beach**

FL

Zip Code **33483**

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 **Alan Schlossberg MGRM**

7/9/05

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
 Due by September 7, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME **MGRM** Delete
 SCHLOSSBERG, JOY M
 STREET ADDRESS
200 MACFAR LANE DR #502
 CITY-ST-ZIP
DELRAY BEACH, FL 33483

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **MGRM** Delete
 SCHLOSSBERG, ALLAN
 STREET ADDRESS
200 MACFAR LANE DR #502
 CITY-ST-ZIP
DELRAY BEACH, FL 33483

TITLE
 NAME **MGRM** Change Addition
 NAME **Schlossberg ALAN**
 STREET ADDRESS
200 MACFARLANE DRIVE #502
 CITY-ST-ZIP
DELRAY BEACH FL 33483

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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: **Alan Schlossberg**

7/9/05 561-274-8556

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

Date

Daytime Phone #