

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90292 034 ****55.00

DOCUMENT # L04000049649

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

200 MacFarlane Drive
Suite, Apt. #, etc.
502

3. Mailing Address

200 MacFarlane Drive
Suite, Apt. #, etc.
apt 502

1st MOORE

CR2E083 (10/05)

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

SCHOLSSBERG, ALAN
200 MACFARLANE DRIVE
APT. 502
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name JOY 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

Joy Magnus Schlossberg
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 3/10/06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

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

TITLE MGRM
NAME SCHLOSSBERG, ALLAN
STREET ADDRESS 200 MACFARLANE DRIVE # 502
CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Joy Magnus Schlossberg
STREET ADDRESS 200 MacFarlane Dr # 502
CITY-ST-ZIP Delray Beach FL 33483 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joy Schlossberg

Joy Magnus Schlossberg 3/10/06 561-266-0019

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

Date

Daytime Phone #