

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049649

Entity Name: MS ASSOC., LLC

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

200 MACFAR LANE DR
SUITE 502
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

200 MACFAR LANE DR
SUITE 502
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 75-3163306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLOSSBERG, JOY M
200 MACFARLANE DRIVE
APT. 502
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

SCHLOSSBERG, JOY, MAZUR M
200 MACFARLANE DRIVE
APT. 502
DELRAY BEACH, FL 33483 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: JOY MAZUR SCHLOSSBERG

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHLOSSBERG, JOY M
Address: 200 MACFAR LANE DR #502
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHLOSSBERG, JOY, MAZUR
Address: 200 MACFAR LANE DR #502
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR. () Change (X) Addition
Name: SCHLOSSBERG, ALAN,
Address: 200 MACFARLANE DRIVE,
City-St-Zip: DELRAY BEACH, FL 33483 US

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: JOY MAZUR SCHLOSSBERG

MGR.

03/19/2009

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