
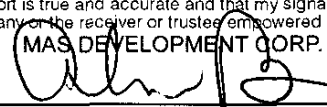


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Nov 22, 2006 8:00 A.M.
Secretary of State

DOCUMENT # L04000054854 1. Entity Name MAS MANAGEMENT - CORAL TRACE, L.L.C.					
Principal Place of Business 1930 HARRISON ST, STE 502 HOLLYWOOD, FL 33020			Mailing Address 1930 HARRISON ST, STE 502 HOLLYWOOD, FL 33020		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1408754	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BENENSON, ALAN 1930 HARRISON ST, STE 502 HOLLYWOOD, FL 33020				Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENENSON, ALAN 1930 HARRISON STREET #502 HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAS DEVELOPMENT CORP., A FLORIDA CORPORATION 1930 HARRISON STREET, SUITE 502 HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHER, MICHAEL 1930 HARRISON STREET #502 HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHER DEVELOPERS, INC., A FLORIDA CORPORATION 1930 HARRISON STREET, SUITE 502 HOLLYWOOD, FL 33020	
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	
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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 			ALAN BENENSON, PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			11/14/06		
			(954) 927-2717		