

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 AM**  
**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**



01292007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**20-1408754**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BENENSON, ALAN**  
**1930 HARRISON ST, STE 502**  
**HOLLYWOOD, FL 33020**

**DO NOT WRITE  
IN THIS SPACE**

**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**

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 May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**MAS DEVELOPMENT CORP**  
**1930 HARRISON STREET #502**  
**HOLLYWOOD, FL 33020**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**SHER DEVELOPERS INC**  
**1930 HARRISON STREET #502**  
**HOLLYWOOD, FL 33020**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

U000000634963  
02/22/07-80034-005 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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:**

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

**Date**

**Daytime Phone #**

*Alan BENENSON*

*1/29/07 954-927-2717*