

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90205 017 ***138.75

DOCUMENT # L04000056378



1. Entity Name

MARI #2, LLC

Principal Place of Business

703 E PALMETTO PARK ROAD
BOCA RATON FL 33432

Mailing Address

703 E PALMETTO PARK ROAD
BOCA RATON FL 33432



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **56-2473061**

Applied For
Not Applicable

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

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRAKAS, ATHAN C.T.
703 E PALMETTO PARK ROAD
BOCA RATON FL 33432

Name **Donna Prakas**
Street Address (P.O. Box Number is Not Acceptable)
703 E. Palmetto Park Rd.
City **Boca Raton** FL **33432**

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

Donna Prakas

2/25/08

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **PRAKAS, DONNA**
STREET ADDRESS **7715 FOXPOINTE CIR. ROAD**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Donna Prakas

2/22/08

561-368-0003

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

Date

Debra Price