2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L04000060258

1. Entity Name

M T X LLC

Principal Place of Business	Mailing Address
7005 A1A SOUTH ST. AUGUSTINE FL 32080	7005 A1A SOUTH ST. AUGUSTINE FL 32080

1st MOORE   CR2E083 (10/04)

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 75 - 3167552   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
GENUSSA, ANNE MARIE 17 OLD MISSION AVE. ST. AUGUSTINE FL 32084	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 _____
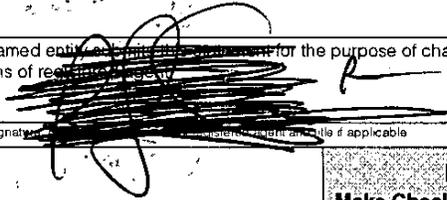
Signature ___ (registered agent and title if applicable) ___ (NOTE: Registered Agent signature required when reinstating) ___ DATE

| **FILE NOW!!! FEE IS $50.00** |
|---|
| **Make Check Payable to Florida Department of State** |
| **Due By May 1, 2005** |

9.	MANAGING MEMBERS / MANAGERS		**10.**		ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	LIETZ, PAUL J		NAME				
STREET ADDRESS	7005 A1A SOUTH		STREET ADDRESS				
CITY-ST-ZIP	ST. AUGUSTINE FL 32080		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
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NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Paul J Lietz   Feb/005   904 377 360(
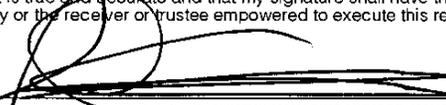
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #