

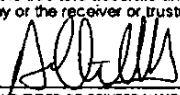


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 16, 2005 8:00 am
Secretary of State

02-21-2005 90178 020 ****50.00

DOCUMENT # L04000062036 1. Entity Name M3, LLC					
Principal Place of Business 5601 COLLINS AVENUE APT. 822 MIAMI BEACH FL 33140 US			Mailing Address 5601 COLLINS AVENUE APT. 822 MIAMI BEACH FL 33140 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		30003001  1st MOORE CR2E083 (10/04)	
4. FEI Number 20-1828271				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent ORTELLI, MARIA A 5601 COLLINS AVENUE APT. 822 MIAMI BEACH FL 33140	
7. Name and Address of New Registered Agent 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 reissuing) DATE _____	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORTELLI, MARIA A 5601 COLLINS AVE., APT. 822 MIAMI BEACH FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARA, MARIA P 5601 COLLINS AVE., APT. 822 MIAMI BEACH FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORTELLI, FLAVIA M 5601 COLLINS AVE., APT. 822 MIAMI BEACH FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					