


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90034 015 \*\*\*150.00

<b>DOCUMENT # L04000076102</b> 1. Entity Name <b>M &amp; L HOLDINGS, LLC</b>			
Principal Place of Business <b>5553 RAVENSWOOD ROAD 111 AND 112 FT. LAUDERDALE, FL 33312</b>		Mailing Address <b>5553 RAVENSWOOD ROAD 111 AND 112 FT. LAUDERDALE, FL 33312</b>	
2. Principal Place of Business <b>1157 NW 159 Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1157 NW 159 Dr.</b> Suite, Apt. #, etc.	
City & State <b>Miami, Florida</b> Zip <b>33169</b>		City & State <b>Miami, Florida</b> Zip <b>33169</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-1798318</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MONTESI, M. SILVIO 5553 RAVENSWOOD ROAD 111 AND 112 FT. LAUDERDALE, FL 33312</b>		7. Name and Address of New Registered Agent Name <b>Montesi, M. Silvio</b> Street Address (P.O. Box Number is Not Acceptable) <b>1157 NW 159 Dr.</b> City <b>Miami</b>	
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.		DATE <b>03/01/05</b>	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>03/01/05</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MONTESI, M. SILVIO 5553 RAVENSWOOD ROAD, #111 AND 112 FT. LAUDERDALE, FL 33312</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>HGRM Montesi, M. Silvio 1157 NW 159 Dr. Miami, FL 33169</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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
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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 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.			
<b>SIGNATURE:</b> <i>M. Silvio</i> <b>M. SILVIO MONTESEI</b>		<b>03/01/05 205-620-4075</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	