

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90193 018 \*\*\*150.00

<b>DOCUMENT # L05000013888</b> 1. Entity Name <b>3 M.A.K. #1, LLC</b>																																																																																																									
Principal Place of Business <b>8010 N. UNIVERSITY DR. TAMARAC, FL 33321</b>			Mailing Address <b>8010 N. UNIVERSITY DR. TAMARAC, FL 33321</b>																																																																																																						
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																																							
City & State		City & State																																																																																																							
Zip	Country	Zip	Country																																																																																																						
5. Name and Address of Current Registered Agent  <b>MAJID, AZFAL 1408 S. POWERLINE ROAD POMPANO BEACH, FL 33069</b>																																																																																																									
7. Name and Address of New Registered Agent Name <b>DAVID R. FARBERSTEIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>8010 N Univ Dr</b> City <b>Tamarac</b> <b>FL</b> Zip Code <b>33321</b>																																																																																																									
4. FEI Number <b>26-0114164</b> Applied For <input type="checkbox"/> Not Applicable																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																									
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  DATE <b>1/27/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																									
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State																																																																																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="2" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM <b>MAJID, AZFAL</b> <input checked="" type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 25%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>MAJID, AZFAL</b></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>8010 N. UNIVERSITY DR.</b></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td><b>TAMARAC, FL 33321</b></td> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>ABID, ABDUL</b></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>8010 N. UNIVERSITY DR.</b></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td><b>TAMARAC, FL 33321</b></td> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>MOTEN, ANWAR</b></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>8010 N. UNIVERSITY DR.</b></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td><b>TAMARAC, FL 33321</b></td> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>MYSOREWALA, IDRIS</b></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>8010 N. UNIVERSITY DR.</b></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td><b>TAMARAC, FL 33321</b></td> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>KARIM, MOHAMMED J</b></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>8010 N. UNIVERSITY DR.</b></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td><b>TAMARAC, FL 33321</b></td> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>MYSOREWALA, ANWER</b></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>8010 N. Univ Dr. Tamarac 33321</b></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		TITLE	MGRM <b>MAJID, AZFAL</b> <input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	<b>MAJID, AZFAL</b>	NAME		STREET ADDRESS	<b>8010 N. UNIVERSITY DR.</b>	STREET ADDRESS		CITY- ST- ZIP	<b>TAMARAC, FL 33321</b>	CITY- ST- ZIP		TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	<b>ABID, ABDUL</b>	NAME		STREET ADDRESS	<b>8010 N. UNIVERSITY DR.</b>	STREET ADDRESS		CITY- ST- ZIP	<b>TAMARAC, FL 33321</b>	CITY- ST- ZIP		TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	<b>MOTEN, ANWAR</b>	NAME		STREET ADDRESS	<b>8010 N. UNIVERSITY DR.</b>	STREET ADDRESS		CITY- ST- ZIP	<b>TAMARAC, FL 33321</b>	CITY- ST- ZIP		TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	<b>MYSOREWALA, IDRIS</b>	NAME		STREET ADDRESS	<b>8010 N. UNIVERSITY DR.</b>	STREET ADDRESS		CITY- ST- ZIP	<b>TAMARAC, FL 33321</b>	CITY- ST- ZIP		TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	<b>KARIM, MOHAMMED J</b>	NAME		STREET ADDRESS	<b>8010 N. UNIVERSITY DR.</b>	STREET ADDRESS		CITY- ST- ZIP	<b>TAMARAC, FL 33321</b>	CITY- ST- ZIP		TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	<b>MYSOREWALA, ANWER</b>	NAME		STREET ADDRESS	<b>8010 N. Univ Dr. Tamarac 33321</b>	STREET ADDRESS		CITY- ST- ZIP		CITY- ST- ZIP	
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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:  DATE <b>1/27/06</b> DAYTIME PHONE # <b>5546103369</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																									



ATTACHMENT  
30002046  
#L05000013888

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2006

3 M.A.K. #1, LLC  
8010 N. UNIVERSITY DR.  
TAMARAC, FL 33321

Subject: 3 M.A.K. #1, LLC

Reference Number: L05000013888

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj  
ANNUAL REPORTS SECTION