

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

02-20-2006 90143 036 ****50.00

DOCUMENT # L05000020877 1. Entity Name MASTADONO INVESTMENT GROUP, LLC																												
Principal Place of Business 1700 N.W. 64TH STREET, STE. 400 FORT LAUDERDALE, FL 33309		Mailing Address 1700 N.W. 64TH STREET, STE. 400 FORT LAUDERDALE, FL 33309																										
2. Principal Place of Business 6245 Powerline Rd Suite, Apt. #, etc. Suite 202 City & State Ft. Lauderdale, FL Zip 33309		3. Mailing Address 6245 Powerline Rd Suite, Apt. #, etc. Suite 202 City & State Ft. Lauderdale, FL Zip 33309																										
Country USA		Country USA																										
4. FEI Number 71-0979475		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 ELKIN, STEVEN C ESQ 7805 S.W. 6TH COURT PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 renewing)																												
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: right;">Delete</td> </tr> <tr> <td></td> <td>ALAN D. S. S.</td> <td>6245 Powerline Rd</td> <td>Suite 202</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Ft. Lauderdale, FL</td> <td>33309</td> <td>FL</td> <td><input type="checkbox"/></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete		ALAN D. S. S.	6245 Powerline Rd	Suite 202	<input type="checkbox"/>		Ft. Lauderdale, FL	33309	FL	<input type="checkbox"/>	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: right;">Change Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change Addition					<input type="checkbox"/> <input type="checkbox"/>
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				<input type="checkbox"/> <input type="checkbox"/>																								
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 606, Florida Statutes.		SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																										



ATTACHMENT
36002140

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

MASTADONO INVESTMENT GROUP, LLC
6245 POWERLINE RD
STE 202
FORT LAUDERDALE, FL 33309

Subject: MASTADONO INVESTMENT GROUP, LLC

Reference Number: L05000020877

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

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.

/rm

ANNUAL REPORTS SECTION