

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90087 017 ****50.00

DOCUMENT # L05000095961					
1. Entity Name MA KATZ, LLC					
Principal Place of Business 5507 EYLER DRIVE ALEXANDRIA, VA 22315			Mailing Address 5507 EYLER DRIVE ALEXANDRIA, VA 22315		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01122006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-3686082				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 BARKLEY, RICHARD 409 KNOTWOOD LANE NAPLES, FL 34112-7247			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 _____ DATE _____ <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			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAU, KATHY 5507 EYLER DRIVE ALEXANDRIA, VA 22315	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAU, CARL 5507 EYLER DRIVE ALEXANDRIA, VA 22315	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAU, CARL 5507 EYLER DRIVE ALEXANDRIA, VA 22315	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAU, CARL 5507 EYLER DRIVE ALEXANDRIA, VA 22315	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAU, CARL 5507 EYLER DRIVE ALEXANDRIA, VA 22315	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAU, CARL 5507 EYLER DRIVE ALEXANDRIA, VA 22315	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAU, CARL 5507 EYLER DRIVE ALEXANDRIA, VA 22315	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAU, CARL 5507 EYLER DRIVE ALEXANDRIA, VA 22315	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Kathy Rau</u> <u>Kathy Rau</u> <u>Feb 4, 2006</u> <u>703-581-9183</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					