

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90144 041 ****50.00

DOCUMENT # L05000095961

1. Entity Name
MA KATZ, LLC



Principal Place of Business
**820 QUAIL LAKE CIRCLE
COLORADO SPRINGS, CO 80906**

Mailing Address
**820 QUAIL LAKE CIRCLE
COLORADO SPRINGS, CO 80906**

60004234



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-3686082

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARKLEY, RICHARD
409 KNOTWOOD LANE
NAPLES, FL 34112-7247**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**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** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**820 Quail Lake Circle
Colorado Springs, CO 80906** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RAU, CARL
5507 EYLER DRIVE
ALEXANDRIA, VA 22315** ☐ Delete

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CITY-ST-ZIP
**820 Quail Lake Circle
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☐ Change ☐ 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: Kathy Rau mgr Kathy Rau mgr 1-12-07 719-482-8233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #