

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067982

Entity Name: MAVY'S MANAGEMENT, LLC

FILED
Jan 16, 2007
Secretary of State

Current Principal Place of Business:

1417 WAUKON CIRCLE
CASSELBERRY, FL 32707

New Principal Place of Business:

12140 COLLEGIATE WAY
SUITE 175
ORLANDO, FL 32817

Current Mailing Address:

1417 WAUKON CIRCLE
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 20-5169576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, MIRTHA V CPA
420 S COUNTRY CLUB ROAD
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DAJANI, MIRVET
Address: 1417 WAUKON CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM () Delete
Name: CHAMI, YOUSSEF
Address: 1417 WAUKON CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: DAJANI, OMAR A
Address: 802 SENECA MEADOWS ROAD
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: YOUSSEF CHAMI

MGRM

01/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date