

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90380 009 \*\*\*\*50.00

DOCUMENT # L96000001191

1. Entity Name  
FLORIDA MARKETING & SALES GROUP, L.C.



Principal Place of Business C/O BAUR, MILLER & WEBNER 100 N BISCAYNE BLVD NEW WORLD TWR 21FL MIAMI, FL 33132-2306	Mailing Address C/O BAUR, MILLER & WEBNER 100 N BISCAYNE BLVD NEW WORLD TWR 21FL MIAMI, FL 33132-2306
--	--

20022092



03152005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0728409	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

BAUR, THOMAS ESQ  
C/O BAUR, KLEIN, MATOS & RIEDI, P.A.  
100 N BISCAYNE BLVD., FLOOR 2100  
MIAMI, FL 33132-2306

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AHRABIAN, DARIUS 100 N BISCAYNE BLVD 21ST FLOOR MIAMI, FL 331322306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDA PROPERTY SALES & MARKETING GROUP 100 N BISCAYNE BLVD 21ST FLOOR MIAMI, FL 331322306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUR, THOMAS 100 N BISCAYNE BLVD #2100 MIAMI, FL 331322306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Thomas Baur DATE: 3-15-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #