

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90117 011 \*\*\*\*50.00

**DOCUMENT # L98000001367**

1. Entity Name

**MABB, L.L.C.**



Principal Place of Business

**2300 WEST OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33311**

Mailing Address

**2300 WEST OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33311**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E083 (4/04)

4. FEI Number

**65-0855092**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FITZGERALD, ROBERT  
2300 WEST OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33311**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 8, 2004**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete  
NAME **BERCUN, MICHAEL**  
STREET ADDRESS **2300 WEST OAKLAND PARK BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **MGR** ☐ Delete  
NAME **PICCININNI, ALFRED**  
STREET ADDRESS **2300 WEST OAKLAND PARK BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **MGR** ☐ Delete  
NAME **FITZGERALD, ROBERT**  
STREET ADDRESS **2300 WEST OAKLAND PARK BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **MGR** ☐ Delete  
NAME **HERTZ, BRAD**  
STREET ADDRESS **2300 WEST OAKLAND PARK BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**7/28/04**  
Date

**954 485 4400**  
Daytime Phone #