2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

FILED Apr 02, 2004 08:00 AM Secretary of State

- ·

Daytime Phone #

Date

MINUAL REPURI			Secretary of State
DOCUMENT # L99000007304			Secretary or state
1. Entity Nam	ne		
MASTRO HOLDINGS L.L.C.			
•			
Principal Plac	e of Business Mailing Address		
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6402 W. HILLSBORO AVENUE 6402 W. HILLSBORO AVENUE TAMPA, FL 33634-5057 TAMPA, FL 33634-5057			
<u> </u>			
*			
DO NOT WRITE IN THIS CRACE			01272004 No Chg-LLC CR2E083 (10/03)
, DO NOT WRITE IN THIS SPACE			4. FEI Number Applied For
			59-3608866 Not Applicable
	•		5. Certificate of Status Desired
-	6. Name and Address of Current Registered Agent		r ee riedunea
MASTRO, STEPHEN			DO NOT WRITE
40.2 W. HILLSBORO AVENUE .:AMPA. FL 33634-5057			
AMA-A, PL 33034-5037			IN THIS SPACE
. k . k			
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.			
118 ODNIGORIAN O TO STATE OF THE STATE OF TH			
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			U00000102058 04/02/04-80038-020 50.00
D	ue by May 1, 2004		134/82/34-00800-858 30:00
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MG ₹M	· ·	
NAME	MA STRO, STEPHEN	l	
STREET ADDRESS CITY-ST-ZIP	6402 W. HILLSBOROUGH AVENUE	1	
	TAMPA, FL 33634	I	
TITLE NAME	MGRM MASTRO, PETER		
STREET ADDRESS	6402 W. HILLSBOROUGH AVENUE	1	
CITY-ST-ZIP	TAMPA, FL 33634		
TITLE	MGRM	1 -	er en
NAME	MASTRO, LISA		
STREET ADDRESS	6402 W. HILLSBOROUGH AVENUE		DO NOT WOITE
City-St-Zip	TAMPA, FL 33634		DO NOT WRITE
11115			IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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.			
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			