

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000000517 <small>1. Entity Name</small> MOSAIC MARKETING, LLC					
<small>Principal Place of Business</small> 7601 N FEDERAL HWY STE 230-B BOCA RATON, FL 33487			<small>Mailing Address</small> 7601 N FEDERAL HWY STE 230-B BOCA RATON, FL 33487		
<small>2. Principal Place of Business</small> Suite, Apt. #, etc.			<small>3. Mailing Address</small> Suite, Apt. #, etc.		
<small>City & State</small>			<small>City & State</small>		
<small>Zip</small>		<small>Country</small>		<small>4. FEI Number</small> 65-1064235	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$5.00 Additional Fee Required				<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>	
<small>6. Name and Address of Current Registered Agent</small> PARKER, REGINALD O 7601 N. FEDERAL HWY., SUITE 220B BOCA RATON, FL 33487			<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<small>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.</small>					
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when re-registering)</small> <small>DATE</small> _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
<small>9. MANAGING MEMBERS/MANAGERS</small>			<small>10. ADDITIONS/CHANGES</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MGRM MOSAIC MANAGEMENT GROUP, INC. 7601 N FEDERAL HWY, STE 230-B BOCA RATON, FL 33487	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000153644 05/04/04-80136-001 50.00	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<small>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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</small>					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	