FILED
Mar 21, 2005 8:00 am
Secretary of State
02-22-2005 90070 045 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000000591

1. Entity Name
MAS ASSOCIATES, LLC

30002247

02102005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
305 W. CHESAPEAKE AVE, ~~STE C-80~~ TOWSON, MD 21204 Suite 310	305 W. CHESAPEAKE AVE, ~~STE C-80~~ TOWSON, MD 21204

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Suite 310	Suite, Apt. #, etc. Suite 310
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 52-2182003 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required.

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 ______________________ 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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GREENBERG, MARK 305 W. CHESAPEAKE AVE, ~~STE C-80~~ 310 TOWSON, MD 21204 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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)(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] 3/12/05 410 321 7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #