


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000030308
 1. Entity Name
 M-P REALTY, L.L.C.



Principal Place of Business Mailing Address
 340 FIFTH AVENUE SOUTH, SUITE 200 340 FIFTH AVENUE SOUTH, SUITE 200
 NAPLES, FL 34102 NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE



01192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2632310	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent
 VOLPE, MICHAEL J
 C/O ROBINS, KAPLAN, MILLER & CIRESI, LLP
 711 FIFTH AVENUE SOUTH, SUITE 201
 NAPLES, FL 34102

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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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEFTAH, MICHAEL M.D. 340 FIFTH AVENUE SOUTH, SUITE 300 NAPLES, FL 34102
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 01/30/07-80030-008 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* Date: 1/24/07 Daytime Phone #: 239-434-6446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE