


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L01000015866 <b>1. Entity Name</b> M & R VENTURES, LLC	
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<b>Principal Place of Business</b> 624 CRANDON BLVD. KEY BISCAYNE, FL 33149	<b>Mailing Address</b> 624 CRANDON BLVD. KEY BISCAYNE, FL 33149
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-LLC

CR2E083 (12/07)

<b>4. FEI Number</b> 65-1148411	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  RUBIN, MICHAEL 5975 SUNCREST DRIVE MIAMI, FL 33156
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**DO NOT WRITE  
IN THIS SPACE**

**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 reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_


**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000779166  
01/11/08-80018-020 138.75

9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUBIN, MICHAEL 5975 SUNCREST DR MIAMI, FL 33156
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUBIN, RONALD 13550 SW 61 CT MIAMI, FL 33156
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

**1/8/08** **305 670-1984**  
Date Daytime Phone #