

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000184

1. Entity Name
MRM REGENCY, L.L.C.

FILED

01 JAN 22 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

4350 W. CYPRESS ST.
SUITE 275
TAMPA FL 33607

Mailing Address

4350 W. CYPRESS ST.
SUITE 275
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

4139 Tartan Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33624

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALAN S. GASSMAN, P.A.
1245 COURT STREET, SUITE 102
CLEARWATER FL 33756

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME MELI, MICHAEL R
STREET ADDRESS 4350 W. CYPRESS ST.
CITY-ST-ZIP TAMPA FL 33607

TITLE MGR
NAME meli, michael R
STREET ADDRESS 4139 Tartan Place
CITY-ST-ZIP Tampa, FL 33624

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (11/00)