

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000002857

Entity Name  
M P. REAL, LLC.



Principal Place of Business  
1553 WINTER SPRINGS BLVD  
WINTER SPRINGS, FL 32708

Mailing Address  
1553 WINTER SPRINGS BLVD  
WINTER SPRINGS, FL 32708



03312005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3633293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HIGHTOWER, DAVID E  
501 COMMONDENCE ST.  
PENSACOLA, FL 32501

**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.

NATURE

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

(NOTE: Registered Agent Signature required when registering)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

NAME  
MGR  
RIDDICK, PATRICIA  
ADDRESS  
1553 WINTER SPRINGS BLVD  
CITY AND ZIP  
WINTER SPRINGS, FL 32708

NAME  
ST  
RIDDICK, MAX F  
ADDRESS  
1553 WINTER SPRINGS BLVD  
CITY AND ZIP  
WINTER SPRINGS, FL 32708

NAME  
ADDRESS  
CITY AND ZIP

NAME  
ADDRESS  
CITY AND ZIP

NAME  
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CITY AND ZIP

NAME  
ADDRESS  
CITY AND ZIP

L000000313260  
04/18/05-20117-008 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

4/15/05

Date

Daytime Phone #