

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000003125**

1. Entity Name  
**MRA INTRACOASTAL ISLES ASSOCIATES LLC**



Principal Place of Business  
**MILLENNIUM REALTY ADVISORS  
900 SE THIRD AVE., STE #201  
FORT LAUDERDALE, FL 33316**

Mailing Address  
**MILLENNIUM REALTY ADVISORS  
900 SE THIRD AVE., STE #201  
FORT LAUDERDALE, FL 33316**



01272005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0997548**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**COFFEY, KEVIN M  
MILLENNIUM REALTY ADVISORS  
900 SE THIRD AVE., STE #201  
FORT LAUDERDALE, FL 33316**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
COFFEY, KEVIN M  
900 SE THIRD AVE., STE #201  
FORT LAUDERDALE, FL 33316**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
WALSH, JOHN F  
425 BAY STREET  
SANTA MONICA, CA 90405**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGRM  
EVANS, WILLIAM D  
9605 KINGSTON CT #160  
ENGLEWOOD, CO 80112**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U000001235817  
02/19/05-80013-017 50.00

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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

Date

Daytime Phone #