

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90032 012 \*\*\*\*50.00

<b>DOCUMENT # L00000003126</b>					
<b>1. Entity Name</b> MRA INTRACOASTAL ISLES LIMITED LLC					
<b>Principal Place of Business</b> 1215 SE 2ND AVE. SUITE 201 FORT LAUDERDALE, FL 33316			<b>Mailing Address</b> 1215 SE 2ND AVE. SUITE 201 FORT LAUDERDALE, FL 33316		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 65-0997549			Applied For <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>  COFFEY, KEVIN M MILLENNIUM REALTY ADVISORS, LLC 900 SE THIRD AVE., STE #201 FORT LAUDERDALE, FL 33316			<b>7. Name and Address of New Registered Agent</b>  Name: <u>COFFEY, KEVIN M.</u> Street Address (P.O. Box Number is Not Acceptable): <u>MILLENNIUM REALTY ADVISORS, LLC</u> <u>1215 S.E. 2ND AVE, STE 201</u> City: <u>FORT LAUDERDALE FL</u> Zip Code: <u>33316</u>		
<b>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.</b>					
SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Kevin Coffey, MGR</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>		DATE <u>2-18-06</u>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COFFEY, KEVIN M 1215 SE 2ND AVE. SUITE 201 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALSH, JOHN F 425 BAY STREET SANTA MONICA, CA 90405	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, WILLIAM D 10 RED BIRCH LITTLETON, CO 80217	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u>Kevin Coffey, MGR</u>		DATE <u>2-18-06</u> DAYTIME PHONE # <u>954-525-9697</u>	