

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90280 049 \*\*\*\*50.00

DOCUMENT # L01000008066

1. Entity Name  
MFL INVESTMENTS, LLC



Principal Place of Business  
777 S HARBOUR ISLAND BLVD, SUITE 765  
TAMPA, FL 33602

Mailing Address  
777 S HARBOUR ISLAND BLVD, SUITE 765  
TAMPA, FL 33602

24014153

2. Principal Place of Business  
1700 S. MacDILL AVE  
Suite, Apt. #, etc.  
STE 220

3. Mailing Address  
1700 S. MacDILL AVE  
Suite, Apt. #, etc.  
STE 220



01122004 Chg-LLC CR2E083 (10/03)

City & State  
TAMPA FL

City & State  
TAMPA FL

4. FEI Number  
59-3731361

Applied For  
Not Applicable

Zip  
33629 Country  
HILLSBOROUGH

Zip  
33625 Country  
HILLSBOROUGH

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MURRAY, MICHAEL S  
777 S HARBOUR ISLAND BLVD  
SUITE 765  
TAMPA, FL 33602

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1700 S. MacDILL AVE - Ste 220  
City TAMPA FL Zip Code 33629

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, 2004

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME MURRAY, JAMES K JR.  
STREET ADDRESS 777 S HARBOUR ISLAND BLVD, SUITE 765  
CITY-ST-ZIP TAMPA, FL 33602

TITLE MGR ☐ Delete  
NAME MURRAY, MICHAEL S  
STREET ADDRESS 777 S HARBOUR ISLAND BLVD, SUITE 765  
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1700 S. MacDILL AVE - STE 220  
CITY-ST-ZIP TAMPA FL 33629

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1700 S. MacDILL AVE - STE 220  
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*J K Murray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-20-04

Date

813.223.2424

Daytime Phone #