2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008593

Entity Name: M.P.R., LLC

Name:

Address:

City-St-Zip:

FILED Jan 19, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 701 EAST FLETCHER AVE TAMPA, FL 33612 **Current Mailing Address: New Mailing Address:** 701 EAST FLETCHER AVE TAMPA, FL 33612 FEI Number: 59-3760467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MODI, PRAVIN 701 EAST FLETCHER AVE APT.256 TAMPA, FL 33612 US 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete JOBALIA, NISHITH Name: Name: Address: 2314 HILLSBORO BLVD Address: City-St-Zip: MANCHESTER, TN 37355 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition Name: MODI, PRAVIN Name: MODI, PRAVIN Address: 701 EAST FLETCHER AVE Address: 701 EAST FLETCHER AVE. APT 256 City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 33612 Title: () Delete Title: MGR () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

MODI, BHAVIN

TAMPA, FL 33612

701 EAST FLETCHER AVE,

SIGNATURE: PRAVIN MODI VP 01/19/2007