2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L01000008593

Entity Name: M.P.R., LLC

Current Principal Place of Business:

701 EAST FLETCHER AVE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

701 EAST FLETCHER AVE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3760467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MODI, PRAVIN
701 EAST FLETCHER AVE
APT.256
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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:

Title:	MGR	( ) Delete
Name:	JOBALIA, NISHITH	
Address:	2314 HILLSBORO BLVD	
City-St-Zip:	MANCHESTER, TN 37355	
Title:	MGR	( ) Delete
Name:	MODI, PRAVIN	
Address:	701 EAST FLETCHER AVE, APT 256	
City-St-Zip:	TAMPA, FL 33612	
Title:	MGR	( ) Delete
Name:	MODI, BHAVIN	
Address:	701 EAST FLETCHER AVE,	
City-St-Zip:	TAMPA, FL 33612	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: BHAVIN MODI GM 01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date