

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90027 037 \*\*\*\*50.00

**DOCUMENT # L01000019749**

1. Entity Name  
**MRB REAL ESTATE INVESTMENTS, LLC**



Principal Place of Business  
**10361 NW 54TH PL  
CORAL SPRINGS, FL 33076**

Mailing Address  
**10361 NW 54TH PL  
CORAL SPRINGS, FL 33076**

**60042046**



2. Principal Place of Business - No P.O. Box #

**312 EMERSON DRIVE N.W.**

3. Mailing Address

**8500 ROYAL PALM BLVD**

04122007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# C634**

City & State

City & State

**PALM BAY FLORIDA**

**CORAL SPRINGS FLORIDA**

Zip

Country

Zip

Country

**32907**

**BROWARD**

**33065**

**BROWARD**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TESSLER, BRUCE E  
10361 NW 54TH PL  
CORAL SPRINGS, FL 33076**

7. Name and Address of New Registered Agent

Name **BRUCE E. TESSLER**

Street Address (P.O. Box Number is Not Acceptable)  
**312 EMERSON DRIVE N.W.**

City **PALM BAY**

**FL**

Zip Code  
**32907**

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]*

**4-23-07**

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, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **TESSLER, BRUCE E**  
STREET ADDRESS **10361 NW 54TH PL**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **TESSLER, BRUCE E**  
STREET ADDRESS **8500 ROYAL PALM BLVD #C634**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

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

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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 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.

**SIGNATURE:**

*[Signature]*

**4-23-07**

**954-304-4477**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #