

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000020274

FILED
Apr 25, 2002 8:00 AM
Secretary of State

Entity Name: MRA FLA 2002 I, LLC

Current Principal Place of Business:

900 SE 3RD AVE., SUITE 201
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

900 SE 3RD AVE., SUITE 201
FT. LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRON, ROBERT W
350 EAST LAS OLAS BLVD.
SUITE 1000
FT. LAUDERDALE, FL 33301

Name and Address of New Registered Agent:

COFFEY, KEVIN M
900 SE THIRD AVE
SUITE 201
FT. LAUDERDALE, FL 33316

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: KEVIN COFFEY

04/25/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: COFFEY, KEVIN M
Address: 900 SE THIRD AVE #201
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM () Change (X) Addition
Name: WALSH, JOHN F
Address: 425 BAY STREET
City-St-Zip: SANTA MONICA, CA 90405

Title: MGRM () Change (X) Addition
Name: EVANS, WILLIAM D
Address: 10 RED BIRCH
City-St-Zip: LITTLETON, CO 80217

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN COFFEY

MGRM

04/25/2002

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