

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/2/2003-90753-050-\$50.00-\$50.00

0025080

DOCUMENT # L01000020274

1. Entity Name

~~MRA FLA 2002 I, LLC~~
MRA ALHAMBRA LLC

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM COFFEY, KEVIN M
STREET ADDRESS 900 SE THIRD AVE #201
CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Delete

TITLE NAME MGRM WALSH, JOHN F
STREET ADDRESS 425 BAY STREET
CITY-ST-ZIP SANTA MONICA CA 90405 ☐ Delete

TITLE NAME MGRM EVANS, WILLIAM D
STREET ADDRESS 10 RED BIRCH
CITY-ST-ZIP LITTLETON CO 80217 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE

4-23-03

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

Date

Daytime Phone #

CR2E083 (10/02)

FILED

03 JUL -7 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

74-3022446

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required