

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000020275

1. Entity Name  
MRA LB PORTFOLIO I LLC



Principal Place of Business  
900 SE 3RD AVE, SUITE 201  
ATTN: KEVIN COFFEY  
FT. LAUDERDALE, FL 33316

Mailing Address  
900 SE 3RD AVE, SUITE 201  
ATTN: KEVIN COFFEY  
FT. LAUDERDALE, FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

74-3022445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

COFFEY, KEVIN M  
900 SE 3RD AVENUE  
SUITE 201  
FT. LAUDERDALE, FL 33316

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

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME MRA PELICAN MANAGER, LLC  
STREET ADDRESS 900 SE 3RD AVE, SUITE 201  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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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 recipient or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

FILED

04 APR -2 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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