


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90054 022 \*\*\*\*50.00

<b>DOCUMENT # L01000022580</b>	
1. Entity Name <b>M.R. METZ, LLC</b>	

Principal Place of Business <b>C/O ROBERT B. WHITE, JR, ESQ 558 WEST NEW ENGLAND AVE., STE. 240 WINTER PARK FL 32789</b>	Mailing Address <b>C/O ROBERT B. WHITE, JR, ESQ 3198 EDGEWATER DR GAINESVILLE GA 30501</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>2509 Seminole Cir</b> Suite, Apt. #, etc.
City & State	City & State <b>West Palm Beach, FL</b>
Zip	Zip <b>33409</b>

1st MOORE CR2E083 (10/05)

4. FEI Number <b>01-0632088</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WHITE, ROBERT B JR. ESQ 558 WEST NEW ENGLAND AVE., STE. 240 WINTER PARK FL 32789</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM METZ, M. RODNEY 3198 EDGEWATER DR. GAINESVILLE GA 30501</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **M. Rodney Metz** 3/18/06 7708457229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #