2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

| DOCUMEN 1. Entity Name MR PARTNERS | | | | | | | | | |
|---|--|---|---------------------------------------|-------------------------|------------------------------------|-----------------------------------|--------------------|------------------------------------|-----------------------------|
| | , | | | | | AAL 80 | 117 A | M 10: 21 | |
| Principal Place of Business C/O MICHAEL ROSENBAUM 123 ALTON RD. MIAMI BEACH, FL 33139 | | Mailing Address C/O MICHAEL ROSENBAUM 3400 CORAL WAY #600 MIAMI, FL 33145-3053 | | | SECRE TALLAH | lassee lassee | . STATE FLORIDA | Д | |
| 2. Principal Place of Bu | siness - No P.O. Box # | 3. Mailing Address (| | | | | | | |
| 755 ALSTREAT | | 155 415+r4+ Suite, Apt. #, etc. | | 01082008 | Chg-LLC | CR2E | E083 (12/06) | | |
| City & State Bes | Country | City & State Beach | Hari | 72 | 4. FEI Numb 04-351 | | - | No | pplied For at Applicable |
| 33140 6. Nai | USA me and Address of Current | | Country | | | of Status Desired Address of Nev | | \$5.00 Add Fee Require Agent | |
| ROSENBAUM, MI 3400 CORAL WAY #600 | • | - | | ddress | P.O. Box Numb | et is Not vccebta | ble) | Firm, F | A |
| MIAMI, FL 33145 | 3053 | | 755 Yity | <u></u> | 4134 | | F | Zip Cod | |
| the obligations of the | ristered agent. | The purpose of changing its re | gistered office o | r register | | oth, in the State of | Florida. I ar | n familiar with, | and accept |
| + | FEE IS \$138.75 | and title if applicable. (NOTE: F | legistered Agent signa | ture required | I when reinstating) | | / DATE | payable to | |
| After May 1, 200 | 8 Fee will be \$538.75 | | | | | Flor | ida Depart | ment of State | 8 |
| 9. | MANAGING MEMBE | RS/MANAGERS Delete | 10. | He | 0 | ADDITION | NS/CHANGE | S Change | Addition |
| NAME ROSEN | IBAUM, MICHAEL ORAL WAY #600 | Delete | NAME | - | renbrun | , Betty | \ | Change | [_] Auditori |
| ' ' | FL 331453053 | | CITY-ST-ZIP | 755 | 1. B | 2 = 51 | د لديني | 3314 | 0 |
| TITLE NAME | | ☐ Delete | TITLE - | | | | | ☐ Change | Addition |
| STREET ADDRESS | | | STREET ADDRESS | : | | | | | |
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| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE NAME STREET ADDRESS | | | | | ☐ Change | ☐ Addition |
| indicated on this re limited liability com | port is true and accurate and pany or the receiver or trustes | this filling does not qualify for it that my signature shall have the empowered to execute this 16 F SIGNING MANAGING MEMBER, MANA | e same legal effe port as required | ect as if n by Chapi | nade under oat ter 608, Florida | n: that lam a mar | | | |