## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jan 17, 2007 08:00 AM Secretary of State **DOCUMENT # L02000007665** 1. Entity Name 6525 MPR, L.L.C. Mailing Address Principal Place of Business 7535 MIDNIGHT PASS ROAD 7535 MIDNIGHT PASS ROAD SARASOTA, FL 34242 SARASOTA, FL 34242 01092007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4240039 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOYLSTON, GAY H DO NOT WRITE 7535 MIDNIGHT PASS ROAD SARASOTA, FL 34242 IN THIS SPACE 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, 2007 9. MANAGING MEMBERS/MANAGERS MGRM TITLE BOYLSTON, GAY H STREET ADDRESS 7525 MIDNIGHT PASS RD CITY-ST-ZIP SARASOTA, FL 34242 U00000587817 01/17/07-80048-002 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member of limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME LEMBER OF AUTHORIZED REPRESENTATIVE

IN THIS SPACE

FILED