## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Apr 02, 2005 08:00 AM

1. Entity Name	MENT # L020000090 • MPA, L.L.C.	988		Sec	cretary of State	
27141 HOME	e of Business = EWOOD DR. NGS, FL 34135	Mailing Address 27141 HOMEWOOD DR. BONITA SPRINGS, FL 34135				
		,				
DO NOT WRITE IN THIS SPACE			^E	03282005 No Chg-LLC CR2E083 (10/03)		
			CE	4. FEI Number 02-0596048	Applied For Not Applicable	
				5. Certificate of Status Desired	S5.00 Additional Fee Required	
	5. Name and Address of Current R	egistered Agent				
HERDER, HANS-OTTO 27141 HOMEWOOD DR. BONITA SPRINGS, FL 34135			DO NOT WRITE IN THIS SPACE			
8. The above the obligati	named entity submits this statement for ons of registered agent.	the purpose of changing its register	ed office or register	ed agent, or both, in the State of Flor	rida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent ar	id title II applicable. (NOTE, Registere	ed Agent signature required	when reinstating)	DATE	
Fi Dt	ling Fee is \$50.00 ue by May 1, 2005	-		· –		
9.	MANAGING MEMBER	RS/MANAGERS				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGR HERDER, HEIDRUM 27141 HOMEWOOD DR. BONITA SPRINGS, FL 34135	<u>.</u> 22				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERDER, H. OTTO 27141 HOMEWOOD DR. BONITA SPRINGS, FL 34135	· · · · · · · · · · · · · · · · · · ·		04/02/05-8	285284 90040-002 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		17		DO NOT W	RITE	

11. Thereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

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

IN THIS SPACE