


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000013910	
1. Entity Name INJURY FUNDS LLC	

Principal Place of Business 551 S.E. 8TH STREET, SUITE 600 DELRAY BEACH, FL 33483	Mailing Address 551 S.E. 8TH STREET, SUITE 600 DELRAY BEACH, FL 33483
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**DO NOT WRITE IN THIS SPACE**

03182005 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 75-3066273	Applied For 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  ODROBINA, MARC J 551 S.E. 8TH STREET, SUITE 600 DELRAY BEACH, FL 33483
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

U00000287807  
 04/04/05-80084-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MTS TELECOMMUNICATIONS, INC 551 SE 8TH STREET, SUITE 600 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATLANTIC TRUST P.O. BOX 310463 MIAMI, FL 33231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marc J Odobina 3/31/05

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