


**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90065 004 \*\*\*\*50.00

**LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *L02000014635*  
 1. Entity Name  
 M.R.S., L.L.C.



**DO NOT WRITE IN THIS SPACE**

20021730

2. Principal Place of Business  
 261 Barefoot Beach Blvd.  
 Suite, Apt. #, etc.  
 PH #2

3. Mailing Address  
 261 Barefoot Beach Blvd.  
 Suite, Apt. #, etc.  
 PH #2

DO NOT WRITE IN THIS SPACE

City & State  
 Bonita Springs, FL

City & State  
 Bonita Springs, FL

4. FEI Number  
*47-0864524*  
 Applied For  
 Not Applicable

Zip  
 34134

Country  
 USA

Zip  
 34134

Country  
 USA

5. Certificate of Status Desired  \$5.00 Additional Fee Required.

**DO NOT WRITE  
 IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name Richard D. Cimino, Esq.  
 Street Address (P.O. Box Number is Not Acceptable)  
 3838 Tamiami Trail North, Suite 410  
 City Naples FL Zip Code 34103

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 \_\_\_\_\_

**FEE IS \$50.00**  
 Make Check Payable to Florida Department of State  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>OPERATING MANAGER            WILLIAM RAUSCHELBACH            145 SHELL DR            BONITA SPRINGS FL 34134</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>SECRETARY            PHIL MCCOY            262 BAREFOOT BEACH BLVD #604            BONITA SPR. FL 34134</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>TREASURER            JOHN SCARVIZZO            261 BAREFOOT BEACH BLVD PH 2            BONITA SPRS FL 34134</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____
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**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)(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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *William W. Rauschelsbach* Operating Manager 1/25/03 239-9487  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
 WILLIAM W. RAUSCHELSBACH

CR2E083B (12/02)