2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L02000029285

1. Entity Name MPR EQUITY, LLC



Principal Place of Business

Mailing Address

2300 GLADES ROAD STE, 100E BOCA RATON, FL 33431

2300 GLADES ROAD STE, 100E BOCA RATON, FL 33431

FILED May 02, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01242005 No Chg-LLC CR2E083 (10/03)

> Applied For Not Applicable

5. Certificate of Status Desired

4. FEI Number 56-2303357

> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RINTED NAME O

GREENFIELD, WILLIAM R 2300 GLADES ROAD STE, 100E BOCA RATON, FL 33431			DO NOT WRITE IN THIS SPACE	
	IN THIS SPACE above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept biligations of registered agent. URE Signature, typed or brittled name of registered agent and total applicable (NOTE Registered Agent algorithme required when reinstating) DATE Filling Fee is \$50.00			
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstaling	DATE	
	ue by May 1, 2005			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GREENFIELD, WILLIAM R 2300 GLADES RD STE 100E		i lünnün 35,85 0 8	
TITLE NAME STREET ADDRESS CITY - SI - ZIP			05/04/05-80120-013 50.00	

NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR

TITLE

NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS

William R. Greenfield

GNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

561-392-6662