

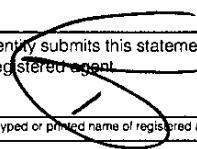
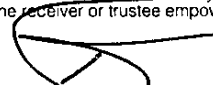


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90385 013 ****50.00

DOCUMENT # L02000031359 1. Entity Name MRA ST. CHARLES MASTER, LLC					
Principal Place of Business 900 S.E. 3RD AVENUE, SUITE 201 FT. LAUDERDALE, FL 33316			Mailing Address 900 S.E. 3RD AVENUE, SUITE 201 FT. LAUDERDALE, FL 33316		
2. Principal Place of Business 1215 S.E. 2nd Avenue Suite, Apt. #, etc. Suite 201 City & State Fort Lauderdale, FL Zip 33316		3. Mailing Address 1215 S.E. 2nd Avenue Suite, Apt. #, etc. Suite 201 City & State Fort Lauderdale, FL Zip 33316		20022338 	
4. FEI Number 13-4222981				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03072005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent COFFEY, KEVIN M 900 SE'3RD AVE FORT LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name Kevin Coffey Street Address (P.O. Box Number is Not Acceptable) 1215 S.E. 2nd Avenue Suite 201 City Fort Lauderdale, FL Zip Code 33316		
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  Kevin M Coffey, Manager DATE 3-10-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHARLES INVESTOR LLC 900 SE 3RD AVE STE 201 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MRA ST. CHARLES MASTER, LLC 1215 S.E. 2nd Avenue, Suite 201 Fort Lauderdale, FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Kevin Coffey, Manager			Date 3-10-05 Daytime Phone # 954 525-9695		