

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90040 041 \*\*\*\*50.00

**DOCUMENT # L02000031460**

1. Entity Name  
**MRA ST. CHARLES ONE, LLC**



Principal Place of Business  
**900 SE 3RD AVENUE, SUITE 201  
FORT LAUDERDALE, FL 33316**

Mailing Address  
**900 SE 3RD AVENUE, SUITE 201  
FORT LAUDERDALE, FL 33316**

**DO NOT WRITE IN THIS SPACE**

02042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**13-4222978**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**COFFEY, KEVIN M**  
**900 SE 3RD AVE** *1215 S.E. 2nd Avenue*  
**STE 201**  
**FORT LAUDERDALE, FL 33317 33316**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	CHARLES MASTER LLC <i>1215 S.E. 2nd Avenue</i>
STREET ADDRESS	<i>900 SE 3RD AVE STE 201</i>
CITY-ST-ZIP	<i>FORT LAUDERDALE, FL 33317 33316</i>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
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CITY-ST-ZIP	

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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:** \_\_\_\_\_

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

Date

Daytime Phone #