2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 27, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000031876

1. Entity Name
MRA ST. CHARLES INVESTOR, LLC

Principal Place of Business	Mailing Address
900 SE 3RD AVE SUITE 201 FT. LAUDERDALE, FL 33316	900 SE 3RD AVE SUITE 201 FT. LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

06302004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
13-4222971
☐ 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
9001 SE 3RD AVE
SUITE 201
FORT LAUDERDALE, FL 33317

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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 September 8, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	COFFEY, KEVIN
STREET ADDRESS	900 SE 3RD AVE, STE. 201
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	MGRM
NAME	WALSH, JOHN F
STREET ADDRESS	425 BAY ST
CITY-ST-ZIP	SANTA MONICA, CA 90405
TITLE	MGRM
NAME	EVANS, WILLIAM D
STREET ADDRESS	10 RED BIRCH
CITY-ST-ZIP	LITTLETON, CO 80217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 7-1-04 954-525-9695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #