

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

02-28-2005 90040 021 ****50.00

DOCUMENT # L02000031876

1. Entity Name

MRA ST. CHARLES INVESTOR, LLC



Principal Place of Business

900 SE 3RD AVE
SUITE 201
FT. LAUDERDALE, FL 33316

Mailing Address

900 SE 3RD AVE
SUITE 201
FT. LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE



02042005No 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
~~900 SE 3RD AVE~~ 1215 S.E. 2nd Avenue
SUITE 201
FORT LAUDERDALE, FL ~~33316~~ 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	COFFEY, KEVIN
STREET ADDRESS	900 SE 3RD AVE, STE. 201 1215 S.E. 2nd Avenue
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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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 #