

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000011565

1. Entity Name
M.G.M.R. ENTERPRISES, L.L.C.



Principal Place of Business Mailing Address

2550 EISENHOWER BOULEVARD **PO BOX 639**
FORT LAUDERDALE, FL 33316 **FORT LAUDERDALE, FL 33302**

DO NOT WRITE IN THIS SPACE



04122005No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
33-1052851 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, ROBERT I
2550 EISENHOWER BOULEVARD
FORT LAUDERDALE, FL 33316

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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 re-registering)

Filing Fee is \$30.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

| | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CUNNINGHAM, MICHAEL J 2550 EISENHOWER BLVD FORT LAUDERDALE, FL 33316 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WINSLOW, GEORGE H 2550 EISENHOWER BLVD FORT LAUDERDALE, FL 33316 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PATTERSON, MARK C 2550 EISENHOWER BLVD FORT LAUDERDALE, FL 33316 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JACKSON, ROBERT I 2550 EISENHOWER BLVD FORT LAUDERDALE, FL 33316 |
| 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: *Michael Cunningham* *4/13/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #