

**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
2550 EISENHOWER BOULEVARD
FORT LAUDERDALE, FL 33316

Mailing Address
PO BOX 639
FORT LAUDERDALE, FL 33302



04122005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1052851

Applied For
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

**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
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

UG00000306299
04/15/05-80009-010 50.00

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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:

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

Date

Daytime Phone #