

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
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**



04132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1052851	Applied For Not Applicable
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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, 2007**

000000758995
05/24/07-80064-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CUNNINGHAM, MICHAEL J
STREET ADDRESS	2550 EISENHOWER BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316

TITLE	MGRM
NAME	WINSLOW, GEORGE H
STREET ADDRESS	2550 EISENHOWER BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316

TITLE	MGRM
NAME	PATTERSON, MARK C
STREET ADDRESS	2550 EISENHOWER BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316

TITLE	MGRM
NAME	JACKSON, ROBERT I
STREET ADDRESS	2550 EISENHOWER BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316

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 exemptions contained in Chapter 119, 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

ROBERT I JACKSON

Date

4/25/07

Daytime Phone #

(954) 946-4585