


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000011565</b> 1. Entity Name M.G.M.R. ENTERPRISES, L.L.C.	
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04102008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 33-1052851	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**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 registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**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	

U000000918732  
05/13/08-80093-014 138.75

**DO NOT WRITE  
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: C. G. [Signature] POA

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

4/14/08

Date

Daytime Phone #