



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90194 024 ****50.00

DOCUMENT # L03000027466					
1. Entity Name MFAR, LLC					
Principal Place of Business 4000 N. FEDERAL HWY., STE. 206 BOCA RATON, FL 33431			Mailing Address 1000 OMNI BLVD NEWPORT NEWS, VA 23606		
2. Principal Place of Business - No P.O. Box # 215 N. Federal Hwy		3. Mailing Address 215 N. Federal Hwy			
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. 1		02132007 Chg-LLC CR2E083 (12/06)	
City & State Boca Raton, Florida		City & State Boca Raton, Florida		4. FEI Number 56-2396018	
Zip 33432		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MACLAREN, LINDA O 798 SOUTH FEDERAL HWY., STE. 100 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name <u>James Batmasian</u> Street Address (P.O. Box Number is Not Acceptable) 215 N. Federal Highway Boca Raton FL 33432	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECONOMOS, NICHOLAS 4000 N FEDERAL HWY STE 206 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM James Batmasian 215 N. Federal Highway Boca Raton, Florida 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____					