

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | |
|---|---|
| DOCUMENT # L03000027466 1. Entity Name MFAR, LLC |  |
|---|---|

FILED
08 MAR 21 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business 215 NORTH FEDERAL HWY SUITE 1 BOCA RATON, FL 33432 | Mailing Address 215 NORTH FEDERAL HWY SUITE 1 BOCA RATON, FL 33432 |
|---|---|



03032008 No Chg-LLC CR2E083 (12/07)

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| | |
|---|--|
| 4. FEI Number 56-2396018 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

BATMASIAN, JAMES
 215 NORTH FEDERAL HWY
 SUITE 1
 BOCA RATON, FL 33432

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-------------------------------|
| TITLE | MGRM |
| NAME | BATMASIAN, JAMES |
| STREET ADDRESS | 215 NORTH FEDERAL HWY SUITE 1 |
| CITY-ST-ZIP | BOCA RATON, FL 33432 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | <i>03/21</i> |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/24/08--01002--003 **5456.25

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 _____ *03/06/08* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #