

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-14-2004 90279 047 ****50.00

DOCUMENT # L03000028566

1. Entity Name
MRA RANCHO VISTA, LLC



Principal Place of Business
**C/O MILLENNIUM REALTY ADVISORS
900 S.E. 3RD AVENUE, #201
FT. LAUDERDALE, FL 33316**

Mailing Address
**C/O MILLENNIUM REALTY ADVISORS
900 S.E. 3RD AVENUE, #201
FT. LAUDERDALE, FL 33316**

34004186



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252004 Chg-LLC CR2E083 (10/03)

4. FEI Number

33-0952210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BSPA CORPORATE SERVICES, INC.
350 EAST LAS OLAS BLVD., #1000
FT. LAUDERDALE, FL 33301**

Name

Kevin M. Coffey

Street Address (P.O. Box Number is Not Acceptable)

Millennium Realty Advisors

900 SE 3rd Ave, Suite 201

Fort Lauderdale

FL

**Zip Code
33316**

7. Name and Address of New Registered Agent

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, if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

AD 4161-000

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**Mgrm
Kevin M. Coffey
900 SE 3rd Ave, Suite 201
Fort Lauderdale, FL 33316**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**Mgrm
John F. Walsh
425 Bay St.
Santa Monica, CA 90405**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**Mgrm
William D. Evans
9605 Kingston Ct., #160
Englewood, CO 80112**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: **WDE**

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

Date Daytime Phone #