


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000028566 1. Entity Name MRA RANCHO VISTA, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 AUG 18 AM 9:38	
Principal Place of Business 1215 SE 2ND AVE. SUITE 201 FT. LAUDERDALE, FL 33316				Mailing Address 1215 SE 2ND AVE. SUITE 201 FT. LAUDERDALE, FL 33316			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent COFFEY, KEVIN M MILLENNIUM REALTY ADVISORS 900 SE 3RD AVE, SUITE 201 FORT LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent Name KEVIN M. COFFEY Street Address (P.O. Box Number is Not Acceptable) 1215 S.E. 2ND AVENUE, 201 40 MADISON REALTY INVESTOR City FORT LAUDERDALE FL Zip Code 33316			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 8-15-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COFFEY, KEVIN M 1215 SE 2ND AVE. SUITE 201 FORT LAUDERDALE, FL 33316			TITLE NAME STREET ADDRESS CITY-ST-ZIP	700078993327 08/22/06--01031--001 **50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALSH, JOHN F 425 BAY ST SANTA MONICA, CA 90405			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, WILLIAM D 9605 KINGSTON CT #160 ENGLEWOOD, CO 80112			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		
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 8-15-06 Daytime Phone # 954 525 9695			