


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000028566</b> 1. Entity Name <b>MRA RANCHO VISTA, LLC</b>	
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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
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2. Principal Place of Business	3. Mailing Address	08022006 Chg-LLC CR2E083 (11/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>33-0952210</b>
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  COFFEY, KEVIN M MILLENNIUM REALTY ADVISORS 900 SE 3RD AVE, SUITE 201 FORT LAUDERDALE, FL 33316	<b>7. Name and Address of New Registered Agent</b> Name <b>KEVIN M. COFFEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1215 S.E. 2ND AVENUE, 201</b> <b>40 MADISON REALTY INVESTOR</b> City <b>FORT LAUDERDALE FL</b> Zip Code <b>33316</b>
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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 **8-15-06**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM COFFEY, KEVIN M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1215 SE 2ND AVE. SUITE 201	NAME	<b>700078993327</b>
STREET ADDRESS	FORT LAUDERDALE, FL 33316	STREET ADDRESS	<b>08/22/06--01031--001 **50.00</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	MGRM WALSH, JOHN F <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	425 BAY ST	NAME	
STREET ADDRESS	SANTA MONICA, CA 90405	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	MGRM EVANS, WILLIAM D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9605 KINGSTON CT #160	NAME	
STREET ADDRESS	ENGLEWOOD, CO 80112	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** \_\_\_\_\_ **8-15-06 954 525 9695**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #