

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # L03000028566

1. Entity Name
MRA RANCHO VISTA, LLC



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**



02142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**COFFEY, KEVIN M
% MADISON REALTY INVESTORS
1215 SE 2ND AVENUE #201
FORT LAUDERDALE, FL 33316**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-13-08

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COFFEY, KEVIN M
STREET ADDRESS	1215 SE 2ND AVE. SUITE 201
CITY- ST- ZIP	FORT LAUDERDALE, FL 33316
TITLE	MGRM
NAME	WALSH, JOHN F
STREET ADDRESS	425 BAY ST
CITY- ST- ZIP	SANTA MONICA, CA 90405
TITLE	MGRM
NAME	EVANS, WILLIAM D
STREET ADDRESS	10288 W. CHATFIELD AVE., SUITE 300
CITY- ST- ZIP	LITTLETON, CO 80127
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/01/08-80029-025 143.75

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/14/08 954.525.9695