


**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	
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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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**DO NOT WRITE IN THIS SPACE**



02142008 No Chg-LLC CR2E083 (12/07)

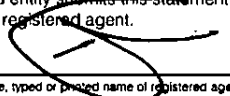
4. FEI Number 33-0952210	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

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  **143 AF** (NOTE: Registered Agent signature required when reinstating) DATE **2-13-08**

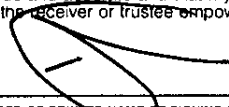
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
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	MGRM WALSH, JOHN F 425 BAY ST SANTA MONICA, CA 90405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, WILLIAM D 10288 W. CHATFIELD AVE., SUITE 300 LITTLETON, CO 80127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000304860  
 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:  **2/14/08** 954.525.9695  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #