

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028566

FILED
Mar 10, 2009
Secretary of State

Entity Name: MRA RANCHO VISTA, LLC

Current Principal Place of Business:

1215 SE 2ND AVE. SUITE 201
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

1215 SE 2ND AVE. SUITE 201
FT. LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 33-0952210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COFFEY, KEVIN M
Address: 1215 SE 2ND AVE. SUITE 201
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM () Delete
Name: WALSH, JOHN F
Address: 425 BAY ST
City-St-Zip: SANTA MONICA, CA 90405

Title: MGRM () Delete
Name: EVANS, WILLIAM D
Address: 10288 W. CHATFIELD AVE., SUITE 300
City-St-Zip: LITTLETON, CO 80127

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN M COFFEY

MGRM

03/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date