

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029385

Entity Name: MRCRL, L.L.C.

FILED
Feb 23, 2006
Secretary of State

Current Principal Place of Business:

661 EAST ALTAMONTE DRIVE, #312
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

661 EAST ALTAMONTE DRIVE, #312
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 20-0610865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORGAN, PAT
163 EAST MORSE BLVD., SUITE 200
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

MORGAN, PAT
661 EAST ALTAMONTE DRIVE, #312
ALTAMONTE SPRINGS, FL 32701 US

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: PAT MORGAN

02/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROBINSON, DAVID N M.D.
Address: 894 E. ALTAMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CASTILLO-GAMMILL, RAUL M M.D.
Address: 661 EAST ALTAMONTE DRIVE, #312
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RAUL M. CASTILLO-GAMMILL, M.D.

MGR

02/23/2006

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