

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048521

Entity Name: MLRS PROPERTIES, L.L.C.

FILED
May 04, 2009
Secretary of State

Current Principal Place of Business:

5422 US HIGHWAY 19
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5422 US HIGHWAY 19
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 01-0805527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BATES, LONDON L ESQ
1245 COURT ST, STE 102
CLEARWATER, FL 33756 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOMAN, MELCHIADES J MD
Address: 8482 CESSNA DR
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: MGRM () Delete
Name: RIPPET LLP
Address: 6346 GARLAND CT
City-St-Zip: NEW PORT RICHEY, FL 34652 US

ADDITIONS/CHANGES:

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: MELCHIADES LOMAN

MGRM

05/04/2009

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