2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 14, 2006 8:00 am Secretary of State

						02 14 2006			
DOCUMENT # L03000050579 1. Entity Name MLRR, LLC						03-14-2006			.00
Principal Place	e of Business	Mailing Address					2001	5637	
301 S. CENTRAL AVE. FLAGLER BEACH, FL 32136 SOURCE STANDARD STAN			1120						
FLAGLER BEA	AUH, FL 32130	FLAGLER BEACH, FL 32	2130						
		La Translation							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	01122006	Chg-LLC	CR2E	083 (11/05)	
City & State		City & State			4. FEI Numbe 80-0092			_ 	plied For t Applicable
Zip Country		Zip	Country	ountry				\$5.00 Add	
						of Status Desired		Fee Required	
	6. Name and Address of Current	Registered Agent	Name		7. Name and	Address of New	Registered	Agent	
SMITH, RICH			Stroot	Addross /	P.O. Boy Numbe	er in Not Accordate	201		
	H CENTRAL AVENUE BEACH, FL 32136		Street Address (entral F	fre_		
			City	Tag	ter Bea	zch	FL	Zip Code	36
	named entity submits this statement for	r the purpose of changing its	registered office of	or register	ed agent, or bot	h, in the State of F	lorida. I am	familiar with,	and accept
J	ions of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signa	ture required	when remetation)		DATE		
		and the second s			what ansmary				
	iling Fee is \$50.00 ue by May 1, 2006				whether and a second		ike check p	payable to nent of State)
	iling Fee is \$50.00		10.		with the same of t	Florid	ike check p	nent of State	•
9.	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE MGR	RS/MANAGERS	10.		witeristany	Florid	ike check p da Departm	nent of State	Addition
9. TITLE NAME	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE MGR LIGHTHOUSE DEVELOPMENT	RS/MANAGERS Delete GROUP, INC.	10.			ADDITION:	ike check p da Departm S/CHANGES	Change	
9.	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE MGR	RS/MANAGERS Delete GROUP, INC.	10. TITLE NAME			ADDITION:	ike check p da Departm S/CHANGES	Change	
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11. I hereby certify that the information supplied with this tiling 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.

CITY-ST-ZIP

SIGNATURE: RICHSMIH AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP



3-1-06