2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000004569

1. Entity Name MNR, LLC

FILED Feb 02, 2007 08:00 AM **Secretary of State**

Principal Place of Business

172 NE 2ND AVE DELRAY BEACH, FL 33444 Mailing Address

172 NE 2ND AVE

DELRAY BEACH, FL 33444



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 30-0232182

Not Applicable

Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMON, MICHAEL W ESQ SIMON SIGALOS & SPYREDES, P.A. 120 EAST PALMETTO PARK RD, STE 100 BOCA RATON, FL 33432

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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.

Signature, typed or printed name of registered agent and title if applicable

INOTE: Registered Agent signature required when reinstating?

Filing Fee is \$50.00 Due by May 1, 2007

U00000619145 02/08/07-80057-024 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM .
NAME	RUSSELL, MORGAN N
STREET ADDRESS	172 NE 2ND AVE
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TALE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 true empty pered to execute this report as required by Chapter 608, Florida Statutes.

PRINTED NAME OF SIGNING MANAGING MEM

ONGAN R, OR AUTHORIZED REPRESENTATIVE

3./01

561.391171