

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016209

Entity Name: AGR/MAR, LLC

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

3215 DOCKSIDE DRIVE
COOPER CITY, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

3215 DOCKSIDE DRIVE
COOPER CITY, FL 33026 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REISS, A. GERALD
4700 SHERIDAN STREET
BUILDING N
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

REISS, A. GERALD
3215 DOCKSIDE DR.
COOPER CITY, FL 33026 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:

01/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REISS, A. GERALD
Address: 4700 SHERIDAN STREET, BUILDING N
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGRM () Delete
Name: REISS, MARK A
Address: 4700 SHERIDAN STREET, BUILDING N
City-St-Zip: HOLLYWOOD, FL 33021 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REISS, A. GERALD
Address: 3215 DOCKSIDE DR.
City-St-Zip: COOPER CITY, FL 33026 US

Title: MGRM (X) Change () Addition
Name: REISS, MARK A
Address: 3215 DOCKSIDE DR.
City-St-Zip: COOPER CITY, FL 33026 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: A. GERALD REISS

MGRM

01/05/2006

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