

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000019064

1. Entity Name

MPRS, LLC



Principal Place of Business

1227 DEL PRADO BLVD., S. #201
CAPE CORAL FL 33990

Mailing Address

1227 DEL PRADO BLVD., S. #201
CAPE CORAL FL 33990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

72-1580778

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPEARS, MERWIN P
1227 DEL PRADO BLVD S. #201
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 agree, the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME SPEARS, MERWIN P
STREET ADDRESS 1227 DEL PRADO BLVD. S. #201
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE MGRM ☐ Delete
NAME SPEARS, RONALD N
STREET ADDRESS 5229 LITTLE CEDAR LANE
CITY-ST-ZIP WEST BEND WI 53095

TITLE MGRM ☐ Delete
NAME SPEARS, PAULETTE R
STREET ADDRESS 5229 LITTLE CEDAR LANE
CITY-ST-ZIP WEST BEND WI 53095

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Merwin Spears*

MERWIN SPEARS

2-20-06

239-574-9360