## 2006 LIMITED LIABILITY COMPÁNY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000020919

1. Entity Name MFR RENTAL PROPERTIES, LLC



FILED Apr 11, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

320 SOUTH DELAWARE AVENUE TAMPA, FL 33606-2106 2626 N DUNDEE STREET TAMPA, FL 33629-7538



03052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 16-1700606 Applied Far
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

LOPEZ, ESTELLE 2626 N DUNDEE STREET TAMPA, FL 33629-7538

## DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of chan tions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	·		· · · · · · · · · · · · · · · · · · ·
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when rainstating)	DATE
F:	iling Fee is \$50.00 ue by May 1, 2006		1000000501982 04/25/06-80082-017-150.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADOMESS CRTY-ST-ZIP	MGRD LOPEZ, ESTELLE 2626 N DUNDEE STREET TAMPA, FL 336297538		· ;
TITLE HAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-S1-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			•

11. I hereby certify that the information supplied with this filling 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.

SIG	N	471	JR	E:
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STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Oata

Daytime Phone #