


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90104 030 ****50.00

DOCUMENT # L04000037766	
1. Entity Name MRI CHOWDER BAY GP, LLC	

Principal Place of Business 900 SE 3RD AVENUE, STE. 201 FORT LAUDERDALE, FL 33316	Mailing Address 900 SE 3RD AVENUE, STE. 201 FORT LAUDERDALE, FL 33316
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60015520

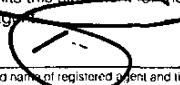


2. Principal Place of Business 1215 S.E. 2nd AVENUE Suite, Apt. #, etc. Suite 201 City & State Fort Lauderdale, FL Zip 33316	3. Mailing Address 1215 S.E. 2nd AVENUE Suite, Apt. #, etc. Suite 201 City & State Fort Lauderdale, FL Zip 33316
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02222005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1172879	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent B9PA CORPORATE SERVICES, INC. 350 EAST LAS OLAS BLVD., STE. 1000 FORT LAUDERDALE, FL 33301 Coffey, Kevin M 1215 S.E. 2nd Ave, #201 Fort Lauderdale, FL 33316	
7. Name and Address of New Registered Agent Name Coffey, Kevin M Street Address (P.O. Box Number is Not Acceptable) 1215 S.E. 2nd Ave, Suite 201 City Fort Lauderdale FL Zip Code 33316	

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  DATE 2-22-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE 2-22-05 954 525-9695

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