2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000037915

1. Entity Name MFI, LLC



Principal Place of Business

2614 AMHERST LANE LAKE WORTH, FL 33460-6306 Mailing Address

2614 AMHERST LANE

LAKE WORTH, FL 33460-6306

FILED Feb 28, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1245845

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FEARRINGTON, WILLA A ESQ ARNSTEIN & LEHR LLP 515 NORTH FLAGLER DRIVE, SIXTH FLOOR WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

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, lyped or printed name of registered agent and late if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
D	lling Fee Is \$50.00 ue by May 1, 2007		
9. TITLE	MANAGING MEMBERS/MANAGERS MM MACKLER, ROBERT W		
NAME STREET ADDRESS CITY-ST-ZIP	2614 AMHERST LN LAKE WORTH, FL 334606306		
TITLE NAME			U00000651207 03/08/07-80044-011 50.00

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP

title NAME

STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:

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

07 Daytime Phone #