2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2005
Secretary of State

DOCUMENT# L04000056215

Entity Name: MRS REALTY INVESTMENTS, LLC

Current Principal Place of Business:

12185 BEGONIA WAY
COOPER CITY, FL 33026

New Principal Place of Business:

Current Mailing Address:

12185 BEGONIA WAY
COOPER CITY, FL 33026

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MARJERISON, ROB
12185 BEGONIA WAY
COOPER CITY, FL 33026 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MARJERISON, ROB
Address: 12185 BEGONIA WAY
City-St-Zip: COOPER CITY, FL 33026

Title: MGRM ( ) Delete
Name: RAYNOR, MARTIN
Address: 198 SUMMER STREET
City-St-Zip: FITCHBURG, MA 01420

Title: MGRM ( ) Delete
Name: SLOAN, EILEEN
Address: 901 SW 5TH PLACE
City-St-Zip: FT. LAUDERDALE, FL 33312

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROB MARJERISON MR. 07/08/2005

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