

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058003

FILED  
Jan 26, 2006  
Secretary of State

Entity Name: MRS, LLC

**Current Principal Place of Business:**

4754 US HWY 19 N  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

4754 US HWY 19 N  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

FEI Number: 20-1617850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROTHMAN, MARK  
8814 ROCKY CREEK DRIVE  
TAMPA, FL 33615 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: PATEL, MALTI  
Address: 296 TALL OAK TRAIL  
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: MGRM ( ) Delete  
Name: SHAH, RAJUL R  
Address: 3117 FETLOCK COURT  
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: MGRM ( ) Delete  
Name: SHAH, SMITA S  
Address: 304 TALL OAK TRAIL  
City-St-Zip: TARPON SPRINGS, FL 34688 US

**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 Chapter 119, 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: MALTI PATEL

MGRM

01/26/2006

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