

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

08-08-2005 90149 016 ****50.00
L04000088516

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 12 AM 8:48

DOCUMENT # L04000088516

1. Entity Name
1401 MGRB, LLC



Principal Place of Business
155 YACHT CLUB DRIVE, NO. 408
NORTH PALM BEACH, FL 33408

Mailing Address
155 YACHT CLUB DRIVE, NO. 408
NORTH PALM BEACH, FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052005 Chg-LLC CR2E083 (10/03)

4. FEI Number
56-2524827

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KROP, AUGUSTA M
130 NE 88TH STREET
EL PORTAL, FL 33138

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	CAROLE BELL	MGRM
STREET ADDRESS	100 ROYAL LN.	
CITY-STATE-ZIP	DELAND, FL 32724	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	AUGUSTA M. KROP	MGRM
STREET ADDRESS	130 N.E. 88TH ST.	
CITY-STATE-ZIP	EL PORTAL, FL 33138	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	CAROL RAVANTI LALLA	MGRM
STREET ADDRESS	155 YACHT CLUB DR. #408	
CITY-STATE-ZIP	NORTH PALM BEACH, FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

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

Date

Daytime Phone #

386-228-4251
08-03-05