


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90057 007 ****50.00

DOCUMENT # L05000015186			
1. Entity Name MRM INVESTMENTS, LLC			
Principal Place of Business 1442 NORTH LAURA STREET JACKSONVILLE, FL 32206-4412		Mailing Address 1442 NORTH LAURA STREET JACKSONVILLE, FL 32206-4412	
2. Principal Place of Business		3. Mailing Address PO BOX 3178	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State JACKSONVILLE, FL	
Zip	Country	Zip 32206-0178	Country USA
6. Name and Address of Current Registered Agent ACAMPORA, MICHAEL A 1442 NORTH LAURA STREET JACKSONVILLE, FL 32206-4412		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 32206-4412	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME ACAMPORA, MICHAEL A STREET ADDRESS 1442 NORTH LAURA STREET CITY-ST-ZIP TAMPA, FL 322064412	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS JACKSONVILLE CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME ACAMPORA, ROSALIN P STREET ADDRESS 1442 NORTH LAURA STREET CITY-ST-ZIP JACKSONVILLE, FL 322064412	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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
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
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 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: <i>Michael A. Acampora</i> MICHAEL A. ACAMPORA		4-27-06 904-358-3660	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	