

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015186

Entity Name: MRM INVESTMENTS, LLC

FILED
Jul 13, 2007
Secretary of State

Current Principal Place of Business:

1442 NORTH LAURA STREET
JACKSONVILLE, FL 322064412

New Principal Place of Business:

1442 NORTH LAURA STREET
JACKSONVILLE, FL 322064412 US

Current Mailing Address:

PO BOX 3178
JACKSONVILLE, FL 322060178

New Mailing Address:

PO BOX 3178
JACKSONVILLE, FL 322060178 US

FEI Number: 20-2328012 FEI Number Applied For () 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:

Name and Address of New Registered Agent:

ACAMPORA, MICHAEL A
1442 NORTH LAURA STREET
JACKSONVILLE, FL 322064412 US

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: MGR () Delete
Name: ACAMPORA, MICHAEL A
Address: 1442 NORTH LAURA STREET
City-St-Zip: JACKSONVILLE, FL 322060178

Title: MGR () Delete
Name: ACAMPORA, ROSALIN P
Address: 1442 N. LAURA STREET
City-St-Zip: JACKSONVILLE, FL 322064412

ADDITIONS/CHANGES:

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 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: ROSALIN ACAMPORA

MGR

07/13/2007

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