

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044328

Entity Name: MRIF MANAGEMENT, LLC

FILED
Jul 05, 2006
Secretary of State

Current Principal Place of Business:

3200 N. FEDERAL HIGHWAY
SUITE 122
BOCA RATON, FL 33431

New Principal Place of Business:

3600 FAU BLVD
SUITE 207
BOCA RATON, FL 33431

Current Mailing Address:

3200 N. FEDERAL HIGHWAY
SUITE 122
BOCA RATON, FL 33431

New Mailing Address:

3600 FAU BLVD
SUITE 207
BOCA RATON, FL 33431

FEI Number: 76-0790894 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:

INVOCO CORP.
4800 N. FEDERAL HIGHWAY
SUITE 306-D
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

STEVEN, SHERMAN
3600 FAU BLVD
SUITE 207
BOCA RATON, FL 33431 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: STEVEN SHERMAN

07/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHERMAN, STEVEN
Address: 3200 N. FEDERAL HIGHWAY, SUITE 122
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHERMAN, STEVEN
Address: 3600 FAU BLVD SUITE 207
City-St-Zip: BOCA RATON, FL 33431

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: STEVEN SHERMAN

PRES

07/05/2006

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