## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

## Aug 08, 2006 8:00 am Secretary of State DOCUMENT # L05000044936 1. Entity Name 04-26-2006 90026 017 \*\*\*\*50.00 MPR DEVELOPMENT, LLC 08-08-2006 90033 028 \*\*\*\*50.00 Principal Place of Business Mailing Address 1061 E. INDIANTOWN ROAD 42 MARINA GARDENS DRIVE SUITE 416 JUPITER FL 33477 PALM BEACH GARDENS FL 33410 3. Mailing Address 811 Village Blud 2. Principal Place of Business 871 Village Blud Gate 2nd MOORE CR2E083 (4/06) 4. FEI Number 20-3406009 Applied For Beach Fl Not Applicable Country Palm Beach \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOZINSKI, KATHLEEN G Street Address (P.O. Box Number is Not Acceptable) 1061 E. INDIANTOWN ROAD 416 JUPITER FL 33477 City 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 (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR DDE ☐ Delete TITLE Change ☐ Addition TRACY, THOMAS NAME NAME 42 MARINA GARDENS DRIVE STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Addition TITLE ☐ Detete TITLE ☐ Change TRACY, MATTHEW 42 MARINA GARDENS DRIVE STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-S1-ZIP CITY-ST-ZIP MGRM TITLE Defete 1MLE ☐ Change Addition NAME TRACY, PATRICK NAME 42 MARINA GARDENS DRIVE STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Delete ☐ Addition TRACY, RYAN NAME NAME 42 MARINA GARDENS DRIVE STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated or 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

**FILED**