

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000051355**

1. Entity Name  
**MRB DAVIE RETAIL LLC**



Principal Place of Business  
**1645 SE 3RD COURT, SUITE 200  
DEERFIELD BEACH, FL 33441**

Mailing Address  
**1645 SE 3RD COURT, SUITE 200  
DEERFIELD BEACH, FL 33441**



02052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-4531632</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**LLOYD GRANET, P.A.  
2295 NW CORPORATE BLVD., SUITE 235  
BOCA RATON, FL 33431-7330**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000729100  
05/08/07-80025-019 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GEISERMAN, ROBERT 1645 SE 3RD COURT, SUITE 200 DEERFIELD BEACH, FL 33441
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GEISERMAN, MARC 1645 SE 3RD COURT, SUITE 200 DEERFIELD BEACH, FL 33441
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #

4.19.07 954.420.1001