2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUI	MENT # L050000582	206	·				04-28-2	2008 :	90026 0	17 ***13	8.75
1. Entity Name M.R.S. PF	e ROPERTIES, L.L.C.										
Principal Place	e of Business	Mailing Address									
27505 PINE	POINT DRIVE	27505 PINE POINT DRIVE				61	00292	11			
WESLEY CHAP	PEL, FL 33543	WESLEY CHAPEL, FL 3	NESLEY CHAPEL, FL 33543			•		40			
								1811 83131		IN CITE COLOR	TEN MUSER
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03	03212008 Chg-LLC CR2E083 (12/06)					
City & State	9	City & State				FEI Numbe 20-488				_ 	plied For t Applicable
Zip	Country	Zip	Coun	try	5.	Certificate	of Status De	sired		\$5.00 Add	
33544		33544	<u>i. </u>							Fee Require	d
	6. Name and Address of Current F	Registered Agent		Name	7.	Name and	Address of	New Ko	egistered A	gent	
SZAKACS.	PETER J			1401110							
27505 PINE POINT DRIVE WESLEY CHAPEL, FL 33543				Street Ac	ddress (P.O. I	Box Numbe	er is Not Acc	eptable)		
				City					FL	Zip Cod	9
	named entity submits this statement for	the purpose of changing its	s register	ed office or	registered aç	ent, or bot	h, in the Stat	e of Flo	rida. I am f	amiliar with,	and accept
the obligati	ions of registered agent.						,				
SIGNATURE .	~:										
,÷	Signature, typed or printed name of registered agent a	nd title if applicable. [NOI	It: Hegistere	d Agent signatu	re required when r	einstating)			DATE		• • • • • • • • • • • • • • • • • • • •
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					,		1	-	e check partme	ayable to ent of State	e
•											
9	MANAGING MEMBER	RS/MANAGERS	10.			1_	ADDI	TIONS/	CHANGES		
9. :	MANAGING MEMBER	RS/MANAGERS	10. TITL			1	ADDI	TIONS/	CHANGES	Change	☐ Addition
			_				ADDI	rions/		Change	Addition
TITLE NAME STREET ADDRESS	MGRM		TITLI NAM STRE	e et adoress						Change	☐ Addition
TITLE NAME	MGRM SZAKACS, PETER J		TITLI NAM STRE	E	Wesle	y Ch	apel			Change	Addition
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indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under out it art 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:

D OR PRINTED JAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTA

4125/08

813-973-4747

Daytime Phone #