

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90069 036 ****50.00

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04282006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000068167 1. Entity Name MR, LLC																											
Principal Place of Business C/O 1155 MAIN STREET SUITE 105 JUPITER, FL 33458 US		Mailing Address C/O 1155 MAIN STREET SUITE 105 JUPITER, FL 33458 US																									
2. Principal Place of Business 500 University Dr Suite, Apt. #, etc. #211 City & State JUPITER FL Zip 33458 Country		3. Mailing Address 500 University Dr Suite, Apt. #, etc. #211 City & State JUPITER FL Zip 33458 Country																									
4. FEI Number 20-3131532		Applied For Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent SINGER, MICHAEL S ESQ 3801 PGA BOULEVARD SUITE 604 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>URM</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/20/06</u>																											
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MAGNUS, WILLIAM R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>C/O 1155 MAIN STREET, SUITE 105</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JUPITER, FL 33458</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	MAGNUS, WILLIAM R		STREET ADDRESS	C/O 1155 MAIN STREET, SUITE 105		CITY-ST-ZIP	JUPITER, FL 33458		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">500 University Dr #211 107</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	500 University Dr #211 107	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>URM</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4/20/06</u> Daytime Phone # <u>561-622-1975</u>																									