

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90072 015 ****50.00

DOCUMENT # L05000072643 1. Entity Name MR ACQUISITIONS, L.L.C.			
Principal Place of Business 1930-1 NORTH COMMERCE PARKWAY WESTON, FL 33326		Mailing Address 1930-1 NORTH COMMERCE PARKWAY WESTON, FL 33326	
2. Principal Place of Business <i>3101 Fairlane Farms Rd</i>		3. Mailing Address <i>3101 Fairlane Farms Rd</i>	
Suite, Apt. #, etc. <i>Suite #4</i>		Suite, Apt. #, etc. <i>Suite #4</i>	
City & State <i>Wellington FL</i>		City & State <i>Wellington, FL</i>	
Zip <i>33414</i>		Zip <i>33414</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number <i>00-3333237</i>		02032006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required.	
6. Name and Address of Current Registered Agent EISENSMITH, JEFFREY R ONE FINANCIAL PLAZA, SUITE 1600 FORT LAUDERDALE, FL 33394		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAIRBAIRN, MARCEL 1930-1 NORTH COMMERCE PARKWAY WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fairbairn, Marcel A. 3101 Fairlane Farms Rd. St 4 Wellington FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATKIVS, RON 1930-1 NORTH COMMERCE PARKWAY WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Watkivs, Ron 3101 Fairlane Farms Rd. St. 4 Wellington FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date		Daytime Phone #	