2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 15, 2008 8:00 am Secretary of State

DOCUMENT # L05000091709 1. Entity Name MRR ENTERPRISES LLC					04-15-2008 90113 009 ***138.75			
Principal Place of Business 8211 W. BROWARD BLVD., STE-120 PLANTATION, FL 33324		Mailing Address - 0211 W. BROWARD BLVD., STE 120 PLANTATION, FL 33324			60023518			
							 	
Principal Place of Business - No P.O. Box # Mailing Address			I (681491) Git 96181 9171 9417 9411 4811 4811 18181 1817 1871 8711 8711			IAAI III IKAK		
201 N. University Drive		⁻ 201 N. University Drive		re 7 ₀₃₂₆₂₀₀₈	Chg-LLC	CR2E083 (12/06)		
Suite 103A		– Suite 103 <i>A</i> – Plantation FL 33324		4. FEI Numi	oer	At	plied For	
- Plantation FL 33324				04-38	27495		t Applicable	
<u> </u>		· -		5. Certificat	e of Status Desired	S5.00 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MADIO, RI	USS		Name					
8211 W.B	ROWARD BLVD., STE-120		Str 2	Si 201 N. University Drive Suite 103A				
PLANTATI	I ON; FL 33324							
					33324	FL Zip Cod	e	
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								
	ions of registered agent.	and perpendicular and an agent reg				,		
SIGNATURE	Signature, typed or printed name of registered agent an	d ute d applicable (NOTE: Re	niclared Agent cinna	ture required when reinstating)		DATE		
	agriculti, types of parties rathe of registered agent a	d me ii applicable. (17072. me)	gransico rigani signa	tere required when terrainings	1			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					- Make check payable to Florida Department of State			
9.	MANAGING MEMBER	S/MANAGERS	10.	201 N. Unive	naity Daiyo	NGES		
TITLE	MGRM	☐ Delete		201 N. Unive	rsity Drive	Change	Addition	
NAME STREET ADDRESS	MADIO, RUSS 8211 W: BROWARD BLVD.; STE-	STREET ADDRES	Suite 103A					
CITY-ST-ZIP				CITY-ST-ZIP Plantation FL 33324				
TITLE		☐ Delete	TITLE	r		Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP		,	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZÍP					
TITLE	-	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME			#*		
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP		- Data-				Change	Addition	
TITLE NAME		☐ Defete	TITLE NAME			спапуе		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>				
11. I hereby of indicated limited lia	certify that the information supplied with I on this report is true and accurate and t ability company of the receiver or trustee	this filling does not qualify for the hat my signature shall have the empowered to execute this rep	e exemptions o same legal effi ort as required	ontained in Chapter 11: ect as if made under oa by Chapter 608, Florid:	ə, Horida Statutes. I fo th; that I am a manaç a Statutes.	urther certify that the info ging member or manage	ormation or of the	

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE