

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108105

Entity Name: MNR HOLDINGS, LLC

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

8545 COMMODITY CR
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8545 COMMODITY CR
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 20-3901072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, SCOTT C
8545 COMMODITY CR
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

ROBERTS, SCOTT C
8545 COMMODITY CR, SUITE 200
ORLANDO, FL 32819 US

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.

SIGNATURE:

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MERRITT, SONJA
Address: 8545 COMMODITY CR
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: NEWBOLD, CHAD
Address: 8545 COMMODITY CR
City-St-Zip: ORLANDO, FL 32819

Title: MGRM (X) Delete
Name: ROBERTS, SCOTT C
Address: 8545 COMMODITY CR
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROBERTS, SCOTT C
Address: 8545 COMMODITY CR.
City-St-Zip: ORLANDO, FL 32819

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT C. ROBERTS

MGRM

04/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date