

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117163

Entity Name: MLR VENTURES, LLC

FILED  
Apr 24, 2006  
Secretary of State

## Current Principal Place of Business:

2927 BISHOP ESTATES ROAD  
FRUIT COVE, FL 32259

## New Principal Place of Business:

2927 BISHOP ESTATES ROAD  
FRUIT COVE, FL 32259

## Current Mailing Address:

2927 BISHOP ESTATES ROAD  
FRUIT COVE, FL 32259

## New Mailing Address:

2927 BISHOP ESTATES ROAD  
FRUIT COVE, FL 32259

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHEEK, FRED R  
2927 BISHOP ESTATES ROAD  
FRUIT COVE, FL 32259 US

## Name and Address of New Registered Agent:

CHEEK, FRED R  
2927 BISHOP ESTATES ROAD  
FRUIT COVE, FL 32259 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:

04/24/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: CHEEK, FRED R  
Address: 2927 BISHOP ESTATES ROAD  
City-St-Zip: FRUIT COVE, FL 32259

Title: MGR ( ) Change (X) Addition  
Name: CHEEK, MARY L  
Address: 2927 BISHOP ESTATES ROAD  
City-St-Zip: FRUIT COVE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the 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: FRED R. CHEEK

MGR

04/24/2006

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