

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117163

Entity Name: MLR VENTURES, LLC

FILED
Aug 30, 2009
Secretary of State

Current Principal Place of Business:

2927 BISHOP ESTATES ROAD
ST JOHNS, FL 32259

New Principal Place of Business:

2927 BISHOP ESTATES ROAD
SAINT JOHNS, FL 32259

Current Mailing Address:

2927 BISHOP ESTATES ROAD
ST JOHNS, FL 32259

New Mailing Address:

2927 BISHOP ESTATES ROAD
SAINT JOHNS, 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
ST JOHNS, FL 32259 US

Name and Address of New Registered Agent:

CHEEK, FRED R
2927 BISHOP ESTATES ROAD
SAINT JOHNS, 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:

08/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHEEK, FRED R
Address: 2927 BISHOP ESTATES ROAD
City-St-Zip: ST JOHNS, FL 32259

Title: MGR () Delete
Name: CHEEK, MARY L
Address: 2927 BISHOP ESTATES ROAD
City-St-Zip: ST JOHNS, FL 32259

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHEEK, FRED R
Address: 2927 BISHOP ESTATES ROAD
City-St-Zip: SAINT JOHNS, FL 32259

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

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: FRED R CHEEK

MGRM

08/30/2009

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