

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000021

Entity Name: MRE PROPERTIES, LLC

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

57 LAKE RIDGE RD.
SANTA ROSA BCH, FL 32459

New Principal Place of Business:

Current Mailing Address:

57 LAKE RIDGE RD.
SANTA ROSA BCH, FL 32459

New Mailing Address:

FEI Number: 68-0622510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MMGR () Delete
Name: EAVES, MARY RUSSELL
Address: 57 LAKE RIDGE RD
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

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

ADDITIONS/CHANGES:

Title: MMGR (X) Change () Addition
Name: EAVES, SARA B
Address: 57 LAKE RIDGE RD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MMGR () Change (X) Addition
Name: COWAN, MARY SHELLEY E
Address: 255 BELLAIRE DR
City-St-Zip: NEW ORLEANS, LA 70124

Title: MMGR () Change (X) Addition
Name: EAVES, NANCY B
Address: 76 DREAM COURT
City-St-Zip: METAIRIE, LA 70001

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: SARA B. EAVES

MMGR

04/06/2009

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