

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

**Feb 26, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90147 012 \*\*\*\*50.00

<b>DOCUMENT # L06000029154</b> 1. Entity Name <b>M.F RETIREMENT FUND, LLC</b>					
Principal Place of Business <b>6578 S.W. 39TH ST MIAMI, FL 33155</b>			Mailing Address <b>6578 S.W. 39TH ST MIAMI, FL 33155</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>MENDOZA, A. 6578 S.W. 39TH ST MIAMI, FL 33155</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 the obligations of registered agent.				4. FEI Number <b>20-4586119</b>	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reappointing)</small>				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDOZA, ANTOINETTE 6578 S.W. 39TH ST MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDOZA, AMY 12974 N.W. 8TH LN MIAMI, FL 33182	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDOZA, E. 30875 GRANADA AVE BIG PINE KEY, FL 33043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDOZA, AILYN 1109 LINCOLN SPARROW COVE PHILEGERVILLE, TX 78660	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date: <u>2/15/07</u> Daytime Phone # _____					



01112007 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

**FL**

Zip Code