


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90028 018 ***138.75

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| DOCUMENT # L06000042236 1. Entity Name MR OLD PALM 44 LLC |  |
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| Principal Place of Business 5119 ARTESA WAY WEST PALM BEACH GARDENS, FL 33418 US | Mailing Address P.O. BOX 9200 JUPITER, FL 33468 US |
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50005533



04232008 No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MR 44 RA LLC 5119 ARTESA WAY WEST PALM BEACH GARDENS, FL 33418 |
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| 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. | |
| SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE: _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 |
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| 9. MANAGING MEMBERS/MANAGERS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ROBERTS, MARC 5119 ARTESA WAY WEST PALM BEACH GARDENS, FL 33418 |
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| 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. | |
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| SIGNATURE: <u>Marc Roberts</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small> | <u>4/29/08 (561) 622-7644</u> <small>Date Daytime Phone #</small> |
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