



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90346 025 ****50.00

DOCUMENT # L06000090895					
1. Entity Name MRF LLC					
Principal Place of Business 8119 NICE WAY SARASOTA, FL 34238 US			Mailing Address 8119 NICE WAY SARASOTA, FL 34238 US		
2. Principal Place of Business - No P.O. Box # 3402 Magic Oak Lane		3. Mailing Address 3402 Magic Oak Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04022007 Chg-LLC CR2E083 (12/06)	
City & State Sarasota, FL		City & State Sarasota, FL		4. FEI Number	
Zip 34232		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DUMBAUGH, JOHN D 1900 RINGLING BLVD SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 FOX, MICHAEL R 8119 NICE WAY SARASOTA, FL 34238	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Kauffman, Susan 6725 Island Creek Rd Sarasota, FL 34240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHUYLER, MARCELLA 8119 NICE WAY SARASOTA, FL 34238	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Kauffman, Kent 6725 Island Creek Rd Sarasota, FL 34240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Svenson, Christine 9489 Hillbank Drive #2613 Sarasota, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <i>4/18/07</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					