2008 LIMITED LIABILITY COMPANY ANNUAL-REPORT (AR) - DUE BY MAY 1, 2008

May 13, 2008 8:00 am Secretary of State DOCUMENT # L06000100950 1. Entity Name 05-13-2008 90067 033 ***138.75 M & R REALTY, LLC Principal Place of Business Mailing Address 5316 53RD AVE EAST ZA-1 BRADENTON FL 34203 5316 53RD AVE EAST ZA-1 **BRADENTON FL 34203** 2. Principal Place of Business - No P.O. Box # Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 56-2620895 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOMBER, HARLAN R Street Address (P.O. Box Number is Not Acceptable) 3900 CLARK ROAD STE L-1 SARASOTA FL 34233 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 Signature, typed or printed name of registerau agent and title if applicable (NOTE: Registered Agent signature required when remarating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM THE Delete 🔲 TiTLE ☐ Addition NAME MOONEY, MICHAEL NAME 5316 53 AVE EAST, # ZA-1 STREET ADDRESS 5316 53 AVE EAST #2A-1 STREET ADDRESS CITY-ST-ZIE **BRADENTON FL 34203** CITY - ST - ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MGR MARKE MOONEY, RITA NAME 5316 53 AVE EAST, # ZA-1 STREET ADDRESS 5316 53 AVE EAST #2A-1 STREET ADDRESS **BRADENTON FL 34203** CITY-ST-ZiP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ALIDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED