

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000040447

Entity Name: MUREX MANAGEMENT, LLC

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

1520 ROYAL PALM SQUARE BOULEVARD
SUITE 210
FORT MYERS, FL 33919

Current Mailing Address:

1520 ROYAL PALM SQUARE BOULEVARD
SUITE 210
FORT MYERS, FL 33919

New Principal Place of Business:

1520 ROYAL PALM SQUARE BOULEVARD
SUITE 320
FORT MYERS, FL 33919

New Mailing Address:

1520 ROYAL PALM SQUARE BOULEVARD
SUITE 320
FORT MYERS, FL 33919

FEI Number: 20-8857173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADLER, STEVEN P
1520 ROYAL PALM SQUARE BOULEVARD
SUITE 210
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

ADLER, STEVEN P
1520 ROYAL PALM SQUARE BOULEVARD
SUITE 320
FORT MYERS, FL 33919 US

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: STEVEN P. ADLER

03/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ADLER, STEVEN P
Address: 1520 ROYAL PALM SQUARE BLVD, SUITE 210
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ADLER, STEVEN P
Address: 1520 ROYAL PALM SQUARE BLVD, SUITE 320
City-St-Zip: FORT MYERS, FL 33919

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: STEVEN P. ADLER

MM

03/24/2009

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