

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L07000121586

1. Entity Name  
10119 McMULLEN ROAD, LLC



Principal Place of Business  
8211 WEST BROWARD BLVD.  
PH-2  
PLANTATION, FL 33324 US

Mailing Address  
8211 WEST BROWARD BLVD.  
PH-2  
PLANTATION, FL 33324 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**6. Name and Address of Current Registered Agent**

PERDIGON, SCOTT J ESQ.  
9100 SOUTH DADELAND BLVD.  
SUITE 1701, PH-1  
MIAMI, FL 33156

Name **PETER C. GARDNER**  
Street Address (P.O. Box Number is Not Acceptable)  
**8211 W. BROWARD BLVD. PH2**  
City **PLANTATION** FL Zip Code **33324**

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 *Peter C. Gardner* Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/18/08* DATE

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES           |  |   |
|--|---|---------------------------------|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PROPERTY FINANCE CORPORATION<br>8211 WEST BROWARD BLVD.<br>PLANTATION, FL 33324     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>INTERMAR OF BREVARD COUNTY, INC.<br>8211 WEST BROWARD BLVD.<br>PLANTATION, FL 33324 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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: *Peter C. Gardner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*4/18/08 941279335*  
Date Daytime Phone #

**FILED  
Apr 23, 2008 8:00 am  
Secretary of State**

04-23-2008 90129 041 \*\*\*138.75

**60027460**



04172008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-1528341**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**7. Name and Address of New Registered Agent**

Make check payable to  
Florida Department of State