


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000005248**

1. Entity Name  
 MURRELL ROAD OFFICE COMPLEX, LLC



Principal Place of Business 394 EAST DRIVE MELBOURNE, FL 32904	Mailing Address 394 EAST DRIVE MELBOURNE, FL 32904
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**DO NOT WRITE IN THIS SPACE**



04262004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 59-3595421	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HUMPHRIES, J. GREGORY ESQ  
 300 SOUTH ORANGE AVENUE  
 SUITE 100  
 ORLANDO, FL 32801-3373

**DO NOT WRITE IN THIS SPACE**

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VENTURE MANAGEMENT GROUP, INC. 394 EAST DRIVE MELBOURNE, FL 32904
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Verhulst*      Date: 4/26/04      Daytime Phone #: 321-726-8543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #