~ 2005 LIMITED LIABILITY COMPANY __ ANNUAL REPORT

SIGNATURE:

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

FILED
Apr 02, 2005 08:00 AM
Secretary of State

ANNUAL REPORT				Apr 02, 2005 08:00
DOCU 1. Entity Nan MGV-KE		658		Secretary of Stat
12 NE 188T	e of Business H STREET MI, FL 33179	Mailing Address 12 NE 188TH STREET NORTH MIAMI, FL 33179		
C	OO NOT WRITE	IN THIS SPA	CE	03242005 No Chg-LLC CR2E083 (10/03) 4. FEI Number
	6. Name and Address of Current DRGE STH STREET IIAMI, FL 33179	Registered Agent	-	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 Signature, typoid or printed name of registered agent and title it applicable. (NOTE. Registered Agent signature required when reinstating) DATE				
Filing Fee is \$50.00 Due by May 1, 2005 9MANAGING MEMBERS/MANAGERS				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MGV-KERR INC 12 NE 188TH STREET NORTH MIAMI, FL 33179	RS/MANAGERS		U00000284528 04/02/05-80009-001 50.00
NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP	_			DO NOT WRITE
NAME STREET ADDRESS CITY-SI-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
YITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby indicated limited lia	certify that the information supplied with don this report is true and accurate and ability company or the receiver or truste	this filling does not qualify for the ex- that my signature shall have the sam sempowered to execute this report a	emption stated in Se re legal effect as if m is required by Chapt	ction 119.07(3)(i), Florida Statutes, I further certify that the information nade under oath, that I am a managing member or manager of the ter 608, Florida Statutes.

3-20-05

Daytime Phone #