


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M00000000609</b> 1. Entity Name <b>3MS OF CITY PLACE LLC</b>	
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Principal Place of Business <b>344 PLAZA REAL BOCA RATON, FL 33432</b>	Mailing Address <b>344 PLAZA REAL BOCA RATON, FL 33432</b>
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**DO NOT WRITE IN THIS SPACE**



03152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>65-0997890</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>FREVNDLICH, MICHAEL 344 PLAZA REAL BOCA RATON, FL 33432</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAR RESTAURANT ASSOCIATES LLC 344 PLAZA REAL BOCA RATON, FL 33432
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05/01/07-80104-004 55.00

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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: *Michael Freyndlich* **MICHAEL FREYNDLICH** 4/10/07 561-393-6275  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #