

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M01000002678

FILED  
Mar 20, 2002 8:00 AM  
Secretary of State

**Entity Name:** MRA PELICAN POINTE APARTMENTS, LLC

## Current Principal Place of Business:

900 SE 3RD AVENUE, SUITE 201  
FORT LAUDERDALE, FL 33316

## New Principal Place of Business:

900 SE 3RD AVENUE, SUITE 201  
ATTN: KEVIN COFFEY  
FORT LAUDERDALE, FL 33316

## Current Mailing Address:

900 SE 3RD AVENUE, SUITE 201  
FORT LAUDERDALE, FL 33316

## New Mailing Address:

900 SE 3RD AVENUE, SUITE 201  
ATTN: KEVIN COFFEY  
FORT LAUDERDALE, FL 33316

FEI Number: 74-3022446

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARRON, ROBERT W  
350 EAST LAS OLAS BLVD., SUITE 1000  
FORT LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

COFFEY, KEVIN M  
900 SE 3RD AVENUE, SUITE #201  
ATTN: KEVIN COFFEY  
FORT LAUDERDALE, FL 33316 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: KEVIN COFFEY

03/20/2002

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: MRA PELICAN MANAGER,, LLC  
Address: 900 SE 3RD AVENUE, SUITE 201  
City-St-Zip: FORT LAUDERDALE, FL 33316

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN COFFEY

MGR

03/20/2002

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