


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000002678 1. Entity Name MRA PELICAN POINTE APARTMENTS, LLC	
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Principal Place of Business 900 SE 3RD AVENUE, SUITE 201 ATTN: KEVIN COFFEY FORT LAUDERDALE, FL 33316	Mailing Address 900 SE 3RD AVENUE, SUITE 201 ATTN: KEVIN COFFEY FORT LAUDERDALE, FL 33316
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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02252004 Chg-LLC CR2E083 (10/03)

4. FEI Number
74-3022446

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MRA PELICAN MANAGER, LLC 900 SE 3RD AVENUE, SUITE 201 FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #