

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90032 008 \*\*\*\*50.00

**DOCUMENT # M01000002678**

1. Entity Name  
MRA PELICAN POINTE APARTMENTS, LLC



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

2. Principal Place of Business  
1215 S.E. 2 AVE.  
Suite, Apt. #, etc.  
201

3. Mailing Address  
1215 S.E. 2ND AVE.  
Suite, Apt. #, etc.  
201



02082006 Chg-LLC CR2E083 (11/05)

City & State  
FORT LAUDERDALE, FL  
Zip  
33316 Country  
USA

City & State  
FORT LAUDERDALE, FL  
Zip  
33316 Country  
USA

4. FEI Number  
03-0443923  
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  
COFFEY, KEVIN M.  
Street Address (P.O. Box Number is Not Acceptable)  
1215 S.E. 2ND AVE, STE 201  
City  
FORT LAUDERDALE FL Zip Code  
33316

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 Kevin Coffey, Manager DATE 2-18-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**Filing Fee is \$50.00  
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MRA LB PORTFOLIO I, 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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1215 S.E. 2ND AVENUE, STE. 201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kevin Coffey, Manager DATE 2-18-06 DAYTIME PHONE # 954 525-9696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE