

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000000247

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** MASTERS RESEARCH PARTNERS LLC

**Current Principal Place of Business:**

2875 NE 191ST STREET  
SUITE 900  
MIAMI, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2875 NE 191ST STREET  
SUITE 900  
MIAMI, FL 33180

**New Mailing Address:**

**FEI Number:** 52-2231000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUBIN, GARY  
2800 NW BOCA RATON BLVD #6  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** RUBIN, GARY  
**Address:** 2875 NE 191ST STREET STE 900  
**City-St-Zip:** MIAMI, FL 33180

**Title:** MGR  
**Name:** KAY, GARY  
**Address:** 2875 NE 191ST STREET STE 900  
**City-St-Zip:** MIAMI, FL 33180

**Title:** MGR  
**Name:** METZ, CHERISE  
**Address:** 2875 NE 191ST STREET STE 900  
**City-St-Zip:** MIAMI, FL 33180

I hereby 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:** CHERISE METZ

MRS

01/05/2011

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