



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90280 020 ****50.00

DOCUMENT # M03000000349					
1. Entity Name RMRE, LLC					
Principal Place of Business 407 WEKIVA SPRINGS ROAD, SUITE 245 LONGWOOD, FL 32779			Mailing Address 407 WEKIVA SPRINGS ROAD, SUITE 245 LONGWOOD, FL 32779		
2. Principal Place of Business 1031 W. Morse Blvd Suite, Apt. #, etc. Ste 160 City & State Winter Park, FL Zip 32789 Country USA		3. Mailing Address 1031 W. Morse Blvd Suite, Apt. #, etc. Ste 160 City & State Winter Park, FL Zip 32789 Country USA			
4. FEI Number 27-0032954		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03112004 Chg-LLC CR2E083 (10/03)			
6. Name and Address of Current Registered Agent FULCO, BARRY 1031 W. MORSE BLVD., SUITE 160 WINTER PARK, FL 32789			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	MGRM HAMPTON CLAIRE, LLC 407 WEKIVA SPRINGS ROAD, SUITE 245 LONGWOOD, FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mGRM Hampton Claire, LLC 1031 W. Morse Blvd, Suite 160 Winter Park, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENWOOD LIMITED PARTNERSHIP 2450 CHANDLER AVENUE, STE 3 & 4 LAS VEGAS, NV 89120	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: <u>Barry Fulco (BARRY FULCO)</u>			Date: <u>4.2.04</u>		Daytime Phone #: <u>407.478.4900</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					