2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000004987

1. Entity Name
MUREX PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
1520 ROYAL PALM SQUARE BLVD. SUITE #210 FT. MYERS, FL 33919	1520 ROYAL PALM SQUARE BLVD. SUITE #210 FT. MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

05172005No Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0903300
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADLER, STEVEN P
1520 ROYAL PALM SQUARE BLVD.
SUITE #210
FT. MYERS, FL 33919

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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 _____ Steven P. Adler 5/17/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ADLER, STEVEN P
STREET ADDRESS	1520 ROYAL PALM SQUARE BLVD.
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

100000367751
05/20/05-80003-022 55.00

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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: _____ Steven P. Adler 5/17/05 (239) 790.0004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #