


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90106 036 ***138.75

DOCUMENT # M05000006017			
1. Entity Name MRI ASSET MANAGEMENT, LLC			
Principal Place of Business 325 FIFTH AVE. SUITE 202 IDIALANTIC, FL 32903		Mailing Address 325 FIFTH AVE. SUITE 202 IDIALANTIC, FL 32903	
2. Principal Place of Business - No P.O. Box # 325 Fifth Avenue		3. Mailing Address 325 Fifth Avenue	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100	
City & State Indialantic FL		City & State Indialantic FL	
Zip 32903		Zip 32903	
Country		Country	
6. Name and Address of Current Registered Agent FITZGERALD, BRENDAN 325 FIFTH AVE. SUITE 202 IDIALANTIC, FL 32903		7. Name and Address of New Registered Agent Name: Brendan Fitzgerald Street Address (P.O. Box Number is Not Acceptable) 325 Fifth Avenue Suite 100 City: Indialantic FL Zip Code: 32903	
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: <u>B7 Fitzgerald</u> DATE: <u>4-11-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, TERRI 101 S. FIFTH STREET SUITE 3100 LOUISVILLE, KY 40202 <input checked="" 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	MGR FITZGERALD, BRENDAN 325 FIFTH AVE. SUITE 202 IDIALANTIC, FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brendan Fitzgerald <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 325 Fifth Avenue, Suite 100 Indialantic FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR John Boc <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 101 South Fifth Street, Suite 300 Louisville KY 40202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Yvonne Williams <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 325 Fifth Avenue, Suite 100 Indialantic FL 32903
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 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: <u>B7 Fitzgerald</u>		Date: <u>4-11-08</u> Daytime Phone #: <u>321-956-2000</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			