

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # M06000005747

1. Entity Name

MRT INVESTMENTS, LLC



FILED

08 JAN -4 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
4131 QUAIL RIDGE DRIVE  
BOISE ID 83703

Mailing Address  
4131 QUAIL RIDGE DRIVE  
BOISE ID 83703

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

2nd MOORE

CR2E083 (4/07)

6. Name and Address of Current Registered Agent

BERILLA, SALLIE T  
AMELIA ISLAND PLANTATION, UNIT 6540  
SPYGLASS CONDOMINIUMS  
AMELIA ISLAND FL 32034

7. Name and Address of New Registered Agent

Name Berilla Sallie T  
6540 Spyglass Circle  
AMELIA ISLAND, FLA.  
32034

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, ☒ both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Sallie T Berilla*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8-25-07

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME BERILLA, SALLIE T  
STREET ADDRESS 4131 QUAIL RIDGE DRIVE  
CITY-ST-ZIP BOISE ID 83703

TITLE MGR ☐ Delete  
NAME BERILLA, JOHN  
STREET ADDRESS 4131 QUAIL RIDGE DRIVE  
CITY-ST-ZIP BOISE ID 83703

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 700111196027  
CITY-ST-ZIP 10/23/07--01023--015 \*\*50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 700111196027  
CITY-ST-ZIP 01/08/08--01023--001 \*\*100.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

REINSTATEMENT

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

*Sallie T Berilla*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-25-07

DATE

Daytime Phone #

202-429-9621