


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M98000001517**  
 1. Entity Name  
**EASTGROUP PROPERTY SERVICES OF FLORIDA, LLC**



Principal Place of Business: **188 EAST CAPITOL STREET, SUITE 300 JACKSON, MS 39201**  
 Mailing Address: **188 EAST CAPITOL STREET, SUITE 300 JACKSON, MS 39201**

**DO NOT WRITE IN THIS SPACE**



02042005No Chg-LLC CR2E083 (10/03)

4. FEI Number: **64-0907356** Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**

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, 2005**  
 1100000341435  
 04/29/05-80017-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HOSTER, DAVID H II
STREET ADDRESS	188 EAST CAPITOL STREET, SUITE 300
CITY-ST-ZIP	JACKSON, MS 39201
TITLE	MGR/
NAME	MCKEY, N. KEITH
STREET ADDRESS	188 E. CAPITOL ST., STE 300
CITY-ST-ZIP	JACKSON, MS 39201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: N. Keith McKey N. Keith McKey 4-22-05 601-384-3555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #