


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M98000001517</b> 1. Entity Name EASTGROUP PROPERTY SERVICES OF FLORIDA, LLC	
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Principal Place of Business 188 EAST CAPITOL STREET, SUITE 300 JACKSON, MS 39201	Mailing Address 188 EAST CAPITOL STREET, SUITE 300 JACKSON, MS 39201
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**DO NOT WRITE IN THIS SPACE**



01052007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>64-0907356</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 \_\_\_\_\_  
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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOSTER, DAVID H II 188 EAST CAPITOL STREET, SUITE 300 JACKSON, MS 39201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR/ MCKEY, N. KEITH 188 E. CAPITOL ST., STE 300 JACKSON, MS 39201
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05/16/07-80056-002 50.00

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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:** N. Keith McKey CFO 4/24/07 601-384-3555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #