

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90483 018 \*\*\*\*50.00

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<b>DOCUMENT # M03000004336</b> 1. Entity Name <b>SSGP HOLDINGS, LLC</b>					
Principal Place of Business <b>841 PRUDENTIAL DRIVE, SUITE 1300 JACKSONVILLE, FL 32207</b>			Mailing Address <b>841 PRUDENTIAL DRIVE, SUITE 1300 JACKSONVILLE, FL 32207</b>		
2. Principal Place of Business - No P.O. Box #  		3. Mailing Address  			
Suite, Apt. #, etc.  		Suite, Apt. #, etc.  			
City & State  		City & State  		4. FEI Number <b>20-0511087</b>	
Zip  		Country  		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DOUGLAS, JEFFREY R 841 PRUDENTIAL DRIVE, SUITE 1300 JACKSONVILLE, FL 32207</b>				7. Name and Address of New Registered Agent Name <b>Harold Dodd</b> Street Address (P.O. Box Number is Not Acceptable) <b>841 Prudential Dr Ste 1300</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32207</b>	
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><i>Harold Dodd</i></u> DATE <u>1-5-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KDD HOLDINGS, LLC 841 PRUDENTIAL DR. STE 1300 JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <u><i>Harold Dodd</i></u> <b>Harold Dodd</b> <u>3-6-07</u> <u>772-781-5805</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					