

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M98000001517

**Entity Name:** EASTGROUP PROPERTY SERVICES OF FLORIDA, LLC

**Current Principal Place of Business:**

190 EAST CAPITOL STREET  
SUITE 400  
JACKSON, MS 39201

**Current Mailing Address:**

190 EAST CAPITOL STREET  
SUITE 400  
JACKSON, MS 39201

**FEI Number:** 64-0907356

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name HOSTER, DAVID HII  
Address 190 EAST CAPITOL STREET, SUITE  
400  
City-State-Zip: JACKSON MS 39201

Title MGR/  
Name MCKEY, N. KEITH  
Address 190 E. CAPITOL ST., STE 400  
City-State-Zip: JACKSON MS 39201

Title CAA  
Name CORKERN, BRUCE  
Address 190 E. CAPITOL STREET, SUITE 400  
City-State-Zip: JACKSON MS 39201

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** N. KEITH MCKEY

**CHIEF FINANCIAL  
OFFICER**

**03/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date