

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000005382

1. Entity Name
MRC GROUP, L.L.C.



**FILED
Apr 16, 2007 8:00 am
Secretary of State**

04-16-2007 90354 043 ****50.00

60037332



04102007 Chg-LLC CR2E083 (12/06)

| | | | |
|--|-----------------------|--|-----------------------|
| 2. Principal Place of Business - No P.O. Box # 3645 CORTEZ ROAD WEST | | 3. Mailing Address 3645 CORTEZ ROAD WEST | |
| Suite, Apt. #, etc. SUITE 140 | | Suite, Apt. #, etc. SUITE 140 | |
| City & State BRADENTON, FL | | City & State BRADENTON FL | |
| Zip 34210 | Country USA | Zip 34210 | Country USA |

| | |
|------------------------------------|---|
| 4. FEI Number 65-1002183 | Applied For <input type="checkbox"/> |
| Not Applicable | |

| | | |
|----------------------------------|--------------------------|---------------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$5.00 Additional Fee Required |
|----------------------------------|--------------------------|---------------------------------------|

| | | | |
|---|--|--|-----------------------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| OSTER, JOAN S 3655 CORTEZ ROAD WEST, (SUITE 90) BRADENTON, FL 34210 | | Name 3645 CORTEZ ROAD WEST | |
| | | Street Address (P.O. Box Number is Not Acceptable) SUITE 140 | |
| | | City BRADENTON | Zip Code FL 34210 |

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**

Make check payable to
Florida Department of State

| | | | | | |
|--|---|---------------------------------|--|--|--|
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR OSTER, R. RUSH 3655 CORTEZ ROAD WEST, (SUITE 90) BRADENTON, FL 34210 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR OSTER, R. RUSH 3645 CORTEZ ROAD WEST SUITE 140 BRADENTON, FL 34210 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR OSTER, JOAN S 3655 CORTEZ ROAD WEST, (SUITE 90) BRADENTON, FL 34210 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR OSTER, JOAN S. 3645 CORTEZ ROAD WEST, SUITE 140 BRADENTON, FL 34210 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
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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.

SIGNATURE: *Joan S. Oster*

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

4/10/07 941-756-3001

Date

Daytime Phone #