

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000016354

1. Entity Name

MRC PROGRAM MANAGEMENT, LLC



Principal Place of Business

2008 RIVERSIDE AVENUE, SUITE 200
JACKSONVILLE, FL 32204

Mailing Address

2008 RIVERSIDE AVENUE, SUITE 200
JACKSONVILLE, FL 32204



04262004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3691873

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, CARLTON
2008 RIVERSIDE AVENUE, SUITE 200
JACKSONVILLE, FL 32204

**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, 2004**

U000000144896
04/30/04-80146-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JONES, CARLTON
STREET ADDRESS	2008 RIVERSIDE AVENUE, SUITE 200
CITY-ST-ZIP	JACKSONVILLE, FL 32204

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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)(f), 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:

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

Date

Daytime Phone #