

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90123 047 \*\*\*\*55.00

**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

**20053254**



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01112005No Chg-LLC

CR2E083 (10/03)

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Carlton Jones*

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

Date

*4/29/05*

Daytime Phone #