



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90123 038 ****50.00

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	
2. Principal Place of Business 1732 Margaret St. Suite, Apt. #, etc.		3. Mailing Address clo Gateway Shopping Center 5258-12 Norwood Ave. Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-3691873	
Zip 32204		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, CARLTON 2008 RIVERSIDE AVENUE, SUITE 200 JACKSONVILLE, FL 32204				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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	1732 Margaret St.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 8/10/06 Daytime Phone # 904-744-7145		