

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L00000016354

1. Entity Name  
MRC PROGRAM MANAGEMENT, LLC



Principal Place of Business  
1732 MARGARET ST.  
JACKSONVILLE, FL 32204

Mailing Address  
C/O GATEWAY SHOPPING CENTER  
5258-12 NORWOOD AVE  
JACKSONVILLE, FL 32208

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**



04242007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
59-3691873

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

JONES, CARLTON  
1732 MARGARET ST.  
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, 2007**

U000000760203  
05/25/07-80003-005 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	JONES, CARLTON
STREET ADDRESS	1732 MARGARET ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32204

TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/25/07 904/764-7745  
Date Daytime Phone #