


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000000493		
1. Entity Name MPS GROUP, LLC		
Principal Place of Business ONE INDEPENDENT DR., STE. 2500 JACKSONVILLE, FL 32202		Mailing Address ONE INDEPENDENT DR., STE. 2500 JACKSONVILLE, FL 32202
DO NOT WRITE IN THIS SPACE		
		04232007No Chg-LLC CR2E083 (11/05)
4. FEI Number 02-0619871		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HOLLAND, GREGORY D ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	DO NOT WRITE IN THIS SPACE U000000734865 05/10/07-80010-025 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CROUCH, ROBERT ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CROUCH, ROBERT ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP PAYNE, TIMOTHY D ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBINSON, GERALD ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, GERALD ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	
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: <i>Gerald Robinson</i> GERALD ROBINSON		4-24-07 904-360-2704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #