2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90050 016 ****50.00

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01082004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L01000006423

1. Entity Name
MGP ORANGE CITY, LLC

Principal Place of Business	Mailing Address
1938 FAIRVIEW AVENUE EAST, SUITE 300 SEATTLE, WA 98102	DOROTHY NELSON, 925 ~~FOURTH AVE., SUITE 2900~~ SEATTLE, WA ~~98104-1158~~

2. Principal Place of Business		3. Mailing Address	
		1938 FAIRVIEW AVE EAST	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 300	
City & State		City & State SEATTLE, WA	
Zip	Country	Zip 98102	Country U.S.

4. FEI Number 91-2121623 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
F&L CORP. 200 LAURA STREET JACKSONVILLE, FL 32202	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 ______________________________
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERRIL GARDEN, LLC 1938 FAIRVIEW AVE. E. #300 SEATTLE, WA 98102 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] DOUGLAS D. SPEAR AUTHORIZED REP. 1-9-04 206-676-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #