

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013364

FILED  
May 14, 2004  
Secretary of State

Entity Name: THE MCGRUFF GROUP, L.L.C.

## Current Principal Place of Business:

135 PROFESSIONAL DR  
STE 4  
PONTE VEDRA BEACH, FL 32082

## New Principal Place of Business:

9995 GATE PARKWAY NORTH  
STE 250  
JACKSONVILLE, FL 32246

## Current Mailing Address:

135 PROFESSIONAL DR  
STE 4  
PONTE VEDRA BEACH, FL 32082

## New Mailing Address:

9995 GATE PARKWAY NORTH  
STE 250  
JACKSONVILLE, FL 32246

FEI Number: 03-0465048

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCGRUFF, WILLIAM A IV  
135 PROFESSIONAL DR  
STE 4  
PONTE VEDRA BEACH, FL 32082

## Name and Address of New Registered Agent:

MCGRUFF, WILLIAM A IV  
9995 GATE PARKWAY NORTH  
STE 250  
JACKSONVILLE, FL 32246

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.

SIGNATURE: WILLIAM A. MCGRUFF, IV

05/14/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: P ( ) Delete  
Name: MCGRUFF, WILLIAM A IV  
Address: 135 PROFESSIONAL DRIVE STE 4  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MCGRUFF, WILLIAM A IV  
Address: 9995 GATE PARKWAY NORTH  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM A. MCGRUFF, IV

MGR

05/14/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date