

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 24, 2003 8:00 am**  
**Secretary of State**

09-24-2003 90047 036 \*\*\*\*55.00

**DOCUMENT # L02000022032**

1. Entity Name

**GROUP MCR, L.L.C.**



Principal Place of Business

Mailing Address

**7006 ATLANTIC BLVD.  
JACKSONVILLE FL 32211-8706**

**7006 ATLANTIC BLVD.  
JACKSONVILLE FL 32211-8706**

2. Principal Place of Business

**P.O. Box 26**

3. Mailing Address

**P.O. Box 26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PONTE VEDRA BEACH, FL**

City & State

**PONTE VEDRA BEACH, FL**

Zip

**32004**

Country

**U.S.A.**

Zip

**32004**

Country

**U.S.A.**

4. FEI Number

**55.0794793**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**JACOBS, STEVE  
7006 ATLANTIC BLVD.  
JACKSONVILLE FL 32211-8706**

7. Name and Address of New Registered Agent

Name

**STEVE JACOBS**

Street Address (P.O. Box Number is Not Acceptable)

**1887 GREEN HERON COURT**

City

**JACKSONVILLE BEACH, FL**

Zip Code

**32250**

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

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **D** **Steve JACOBS** ☐ Delete  
NAME **7006 ATLANTIC BLVD**  
STREET ADDRESS **JACKSONVILLE, FL 32211-8706**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **D** **STEVE JACOBS** ☒ Change ☐ Addition  
NAME **PO BOX 26**  
STREET ADDRESS **PONTE VEDRA BEACH, FL 32004**  
CITY-ST-ZIP

TITLE **D** **TRACIE HARMON JACOBS** ☐ Change ☒ Addition  
NAME **P.O. BOX 26**  
STREET ADDRESS **PONTE VEDRA BEACH, FL 32004**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**

**9/23/03 (904) 249-8752**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)