
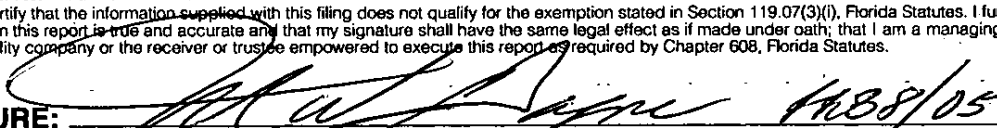


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90176 002 \*\*\*\*55.00

<b>DOCUMENT # L03000010052</b> 1. Entity Name <b>MRG PROPERTIES, L.L.C.</b>					
Principal Place of Business <b>1207 MIDDLE RIVER DRIVE FT. LAUDERDALE, FL 33304</b>			Mailing Address <b>1207 MIDDLE RIVER DRIVE FT. LAUDERDALE, FL 33304</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>58-2677616</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GAGNE, MICHEL R. 1207 MIDDLE RIVER DRIVE FT. LAUDERDALE, FL 33304</b>			7. Name and Address of New Registered Agent Name <b>GAGNE, MICHEL R.</b> Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; padding: 2px; text-align: center; margin: 5px 0;">DEPARTMENT OF STATE</div> City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAGNE, GISELE J MGRM 1207 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAGNE, MICHEL R MGRM 1207 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAGNE, MICHEL R MGRM 1207 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAGNE, MICHEL R MGRM 1207 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAGNE, MICHEL R MGRM 1207 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAGNE, MICHEL R MGRM 1207 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Delete			
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:  1/28/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					