


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000010052 1. Entity Name MRG PROPERTIES, L.L.C.	
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Principal Place of Business 1207 MIDDLE RIVER DRIVE FT. LAUDERDALE, FL 33304	Mailing Address 1207 MIDDLE RIVER DRIVE FT. LAUDERDALE, FL 33304
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DO NOT WRITE IN THIS SPACE



02182007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 58-2677616	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GAGNE, MICHEL R
1207 MIDDLE RIVER DRIVE
FT. LAUDERDALE, FL 33304**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

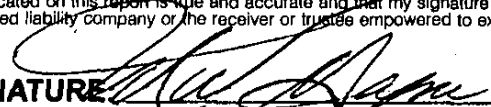
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03/22/07-80055-008 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAGNE, GISELE J MGRM 1207 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAGNE, MICHEL R MGRM 1207 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 33304
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IN THIS SPACE**

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  **MR GAGNE** **1207 MIDDLE RIVER DRIVE** **FT. LAUDERDALE, FL 33304** **03/18/07** **854-712-9377**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #