


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90315 029 ****50.00

DOCUMENT # L03000024612	
1. Entity Name THE PROPERTY GROUP OF JACKSONVILLE, LLC	

Principal Place of Business 1817 NORTH LAURA STREET JACKSONVILLE, FL 32206	Mailing Address 1817 NORTH LAURA STREET JACKSONVILLE, FL 32206
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60046546

2. Principal Place of Business - No P.O. Box # 126 EAST 7TH ST.	3. Mailing Address 126 EAST 7TH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02242007 Chg-LLC CR2E083 (12/06)

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32206	Zip 32206
Country USA	Country USA

4. FEI Number 20-3347538	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BISSETTE, MACK D III 1817 NORTH LAURA STREET JACKSONVILLE, FL 32206	
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7. Name and Address of New Registered Agent Name MACK BISSETTE III Street Address (P.O. Box Number is Not Acceptable) 126 EAST 7TH STREET City JACKSONVILLE FL Zip Code 32206	
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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 **N/A - SAME AGENT**

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SRG HOLDINGS GROUP, LLC <input checked="" type="checkbox"/> Delete 1817 NORTH LAURA STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MACK BISSETTE III 126 EAST 7TH STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL DEES PC 101 GAILLARDIA LOOP ST AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 

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

Date

Daytime Phone #