## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 18, 2005 08:00 AM Secretary of State

ANNUAL REPORT			Jan 10, 2005 00:00
DOCUMENT # L03000055269  1. Entity Name MCGRATH RESIDENTIAL PROPERTIES, LLC			Secretary of State
Principal Place of Business Mailing Address  2700 MIZELL AVENUE 1411 SOUTH 14TH STREET UNIT 301 SUITE D FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034		034	
DO NOT WRITE IN THIS SPACE		.CE	01122005No Chg-LLC CR2E083 (10/03)
U	O NOT WHITE IN THIS SPA		4. FEI Number Applied For 73-1689323 Not Applied For Not Applicable \$5.00 Additional
	i i i i i i i i i i i i i i i i i i i		5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent			
MCGRATH, E. WILLIAM JR. 1411 SOUTH 14TH STREET SUITE D FERNANDINA BEACH, FL 32034			—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  Signature, typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE			
Fi Di	Signature, typod or printed name of registered agent and title if applicable (NOTE, Regist illing Fee is \$50.00 ue by May 1, 2005	ared Agent signature required	when renstating)
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGRATH, E.WILLIAM JR. 2700 MIZELL AVENUE UNIT 301 FERNANDINA BEACH, FL 32034		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000184595 01/20/05-80037-006 <b>50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1-12-05

904-321-0064

Daytime Phone #