2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 07, 2006 8:00 am Secretary of State

08-07-2006 90112 026 ****50.00

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Entity Name
M GROUP PROPERTIES LLC



Principal Place of Business

Mailing Address

FORREST RIDGE DRIVE ESTERO FL US

FORREST RIDGE DRIVE ESTERO FL US



No Chg LLC

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D	0	NOT	WR	ITE	IN.	THIS	SPACE
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FEI Number		Applied For
		Not Applicable
Certificate of Status Desired		Additional

Obtained to 5

Fee Required

Name and Address of Current Registered Agent

MARCHIONE RALPH A FORREST RIDGE DRIVE ESTERO: FL

DO NOT WRITE IN THIS SPACE

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

Filing Fee is Due by May

J		
		MANAGING MEMBERS MANAGERS
I	TITLE	MGRM
i	NAME	MARCHIONE RALPH A
l	STREET ADDRESS	FORREST RIDGE DRIVE
l	CITY ST ZIP	ESTERO FL
i	TITLE	MGRM
l	NAME	MARCHIONE STACEY
İ	STREET ADDRESS	FORREST RIDGE DRIVE
	CITY ST ZIP	ESTERO FL
į	TITLE	MGRM
	HAME	MILEWSKI LARRY
	STREET ADDRESS	DUPONT DRIVE
	CITY ST ZIP	FORT MYERS FL
	TITLE	MGRM
	NAME	MILEWSKI DEBORAH
	STREET ADDRESS	DUPONT DRIVE
	CITY ST ZIP	FORT MYERS FL
	ПЕ	MGRM
	NAME I	MALARKEY SANDRA
	STREET ADDRESS	CALIFORNIA AVE
	CITY ST ZIP	PITTSBURGH PA
l	TITLE	
	NAME	
	STREET ADDRESS	
	CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

8/1/06

Daytime Prione