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Jun 11, 2007 8:00 am
Secretary of State
05-08-2007 90114 027 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000078483

1. Entity Name
M GROUP PROPERTIES, LLC

Principal Place of Business	Mailing Address
~~22860 FORREST RIDGE DRIVE~~ ~~ESTERO, FL 33928~~ US	~~22860 FORREST RIDGE DRIVE~~ ~~ESTERO, FL 33928~~ US
10030 HIDDEN PINES LN. BONITA SPRINGS FL. 34135	

03192007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1807755
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MARCHIONE, RALPH A
~~22860 FORREST RIDGE DRIVE~~
~~ESTERO, FL 33928~~ 10030 HIDDEN PINES LN. BONITA SPRINGS FL. 34135

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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: Ralph A. Marchione 4/27/07
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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MARCHIONE, RALPH A
STREET ADDRESS	~~22860 FORREST RIDGE DRIVE~~ 10030 Hidden Pines Lane
CITY-ST-ZIP	~~ESTERO, FL 33928~~ Bonita Springs, Fl 34135
TITLE	MGRM
NAME	MARCHIONE, STACEY A.A.M. same
STREET ADDRESS	~~22860 FORREST RIDGE DRIVE~~ 10030 Hidden Pines Ln
CITY-ST-ZIP	~~ESTERO, FL 33928~~ Bonita Springs, Fl 34135
TITLE	MGRM
NAME	MILEWSKI, LARRY
STREET ADDRESS	18155 DUPONT DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	MGRM
NAME	MILEWSKI, DEBORAH
STREET ADDRESS	18155 DUPONT DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	MGRM
NAME	MALARKEY, SANDRA
STREET ADDRESS	3509 CALIFORNIA AVE.
CITY-ST-ZIP	PITTSBURGH, PA 15227
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ralph A. Marchione 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #