

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90170 016 \*\*\*138.75

60017785



<b>DOCUMENT # L04000078483</b> 1. Entity Name <b>M GROUP PROPERTIES, LLC</b>					
Principal Place of Business <b>10330 HIDDEN PINES LANE</b> BONITA SPRINGS, FL 34135 US			Mailing Address <b>10330 HIDDEN PINES LANE</b> BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business - No P.O. Box # <b>10030 HIDDEN PINES LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>10030 HIDDEN PINES LANE</b> Suite, Apt. #, etc.		02252008 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number <b>20-1807755</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARCHIONE, RALPH A</b> <b>10330 HIDDEN PINES LANE</b> <b>BONITA SPRINGS, FL 34135</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>10030 Hidden Pines Lane</b> City <b>FL</b> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>MARCHIONE, RALPH A</b> <b>10330 HIDDEN PINES LANE</b> BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>10030 HIDDEN PINES LANE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>MARCHIONE, STACEY</b> <b>10330 HIDDEN PINES LANE</b> BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>10030 HIDDEN PINES LANE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>MILEWSKI, LARRY</b> <b>18155 DUPONT DRIVE</b> <b>FORT MYERS, FL 33912</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>MILEWSKI, DEBORAH</b> <b>18155 DUPONT DRIVE</b> <b>FORT MYERS, FL 33912</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>MALARKEY, SANDRA</b> <b>3509 CALIFORNIA AVE.</b> <b>PITTSBURGH, PA 15227</b>	<input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Delete	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: <u>Stacy Marchione</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>3/26/08</u> Daytime Phone #: <u>239-992-9948</u>		