2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2007
Secretary of State

DOCUMENT# L06000033249

Entity Name: MP OF JACKSONVILLE, LLC

Current Principal Place of Business:

87 FORRESTAL CIRCLE SOUTH
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

87 FORRESTAL CIRCLE SOUTH
ATLANTIC BEACH, FL 32233

New Mailing Address:

824 SHERRY DRIVE
ATLANTIC BEACH, FL 32233

FEI Number: 16-1754598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCE MILLER, JOHN
333 FIRST ST. N SUITE 305
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MCAFEE, IAN S
Address: 331 SEVENTH ST.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: MGRM ( ) Delete
Name: PHILLIPS, GILBERT L
Address: 331 SEVENTH ST.
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MCAFEE, IAN S
Address: 824 SHERRY DRIVE.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: IAN S. MCAFEE ISM 07/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date