

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000033249**

1. Entity Name  
**MP OF JACKSONVILLE, LLC**



Principal Place of Business  
**87 FORRESTAL CIRCLE SOUTH  
ATLANTIC BEACH, FL 32233**

Mailing Address  
**824 SHERRY DRIVE  
ATLANTIC BEACH, FL 32233**



04022008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**16-1754598**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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04/22/08-80016-012 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	MCALEE, IAN S
STREET ADDRESS	824 SHERRY DRIVE.
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	MGRM
NAME	PHILLIPS, GILBERT L
STREET ADDRESS	331 SEVENTH ST.
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

**SIGNATURE:** \_\_\_\_\_

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

**Ian S. McAfee**

Date

Daytime Phone #

**4-208 904-4226404**