

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037082

Entity Name: M R W HOLDING GROUP, LLC

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

4914 OLD MIDDLEBURG ROAD NORTH
JACKSONVILLE, FL 32210

New Principal Place of Business:

4914 OLD MIDDLEBURG ROAD NORTH
JACKSONVILLE, FL 32210 US

Current Mailing Address:

4914 OLD MIDDLEBURG ROAD NORTH
JACKSONVILLE, FL 32210

New Mailing Address:

4914 OLD MIDDLEBURG ROAD NORTH
JACKSONVILLE, FL 32210 US

FEI Number: 20-5171208 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:

JAMES A. NOLAN, P.A.
4114 HERSCHEL STREET, #105
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

JAMES A. NOLAN, P.A.
4114 HERSCHEL STREET
SUITE 105
JACKSONVILLE, FL 32210 US

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:

05/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JONES, MARVENA
Address: 4914 OLD MIDDLEBURG ROAD NORTH
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JONES, MARVENA
Address: 4914 OLD MIDDLEBURG ROAD NORTH
City-St-Zip: JACKSONVILLE, FL 32210 US

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: MARVENA JONES

MGR

05/02/2007

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