

FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
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1997 MAY 28 PM 2:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

FILING FEE \$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company **DOCUMENT #L95000000327**

**INTEGROUP PROPERTY MANAGEMENT, L.C.
7077 BONNEVAL ROAD
SUITE 450
JACKSONVILLE FL 32216**

1a. Principal Place of Business Address

**7077 BONNEVAL ROAD
SUITE 450
JACKSONVILLE FL 32216**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc. 600		Suite, Apt. #, etc. 600		05/01/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		5. Date of Last Report	6. Certificate of Status Desired
				09/10/1996	<input type="checkbox"/> No Additional Fee Required

7. Name and Address of Current Registered Agent

**GARRIPWE, LESTER N
7077 BONNEVAL ROAD
SUITE 450
JACKSONVILLE FL 32216**

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code

600
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ **DATE** _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	INTEGROUP, INC.	7077 BONNEVAL ROAD SUITE 4	JACKSONVILLE FL

8000002196848-4
-05/30/97-01126-007
******203.75 ****203.75**

788
5/29/97

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ **LESTER N. GARRIPWE** **3/18/97** **904-296-1970**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER OR MANAGER Date Daytime Phone #