


**2004 LIMITED LIABILITY COMPANY  
AMENDED ANNUAL REPORT**

**FILED**

04 MAY 18 AM 10:33


OFFICE OF STATE  
TALLAHASSEE FLORIDA

**MJH**

<b>DOCUMENT # L99000004565</b>	
1. Entity Name <b>MPG ASSOCIATES, LLC</b>	

Principal Place of Business <b>27300 RIVERVIEW CTR BLVD., SUITE 201 BONITA SPRINGS, FL 34134-4316 US</b>	Mailing Address <b>27300 RIVERVIEW CTR BLVD., SUITE 201 BONITA SPRINGS, FL 34134-4316 US</b>
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2. Principal Place of Business	3. Mailing Address	Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State	Zip	Country

	
03012004 Chg-LLC	CR2E083 (10/03) <b>5/18</b>
4. FEI Number <b>59-3590180</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>MPG ASSOCIATES - WM G PRICE, JR WILLIAM G. PRICE, JR. 27300 RIVERVIEW CTR BLVD #201 BONITA SPRINGS, FL 34134</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MCGARVEY, JOHN S 27300 RIVERVIEW CTR BLVD #201 BONITA SPRINGS, FL 341344316</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	<b>MGRM GERNER, DANIEL F 27300 RIVERVIEW CTR. BLVD. #201 BONITA SPRINGS, FL 341344316</b> <input checked="" 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	<b>MGRM PRICE, WILLIAM G JR. 27300 RIVERVIEW CTR. BLVD. #201 BONITA SPRINGS, FL 341344316</b> <input checked="" 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	<b>MGRM MCGARVEY IRREVOCABLE TRUST 27300 RIVERVIEW CTR. BLVD. #201 BONITA SPRINGS, FL 341344316</b> <input checked="" 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>06/04/04--01032--013 **50:00</b>	

11. I 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 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:**  **John S. McGarvey** **03/5/04** **239-992-8940**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #