


**2004 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

FILED

04 MAY 18 AM 10:33


OFFICE OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L99000004565	
1. Entity Name MPG ASSOCIATES, LLC	

Principal Place of Business 27300 RIVERVIEW CTR BLVD., SUITE 201 BONITA SPRINGS, FL 34134-4316 US	Mailing Address 27300 RIVERVIEW CTR BLVD., SUITE 201 BONITA SPRINGS, FL 34134-4316 US
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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) **5/18**

4. FEI Number 59-3590180	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MPG ASSOCIATES - WM G PRICE, JR
WILLIAM G. PRICE, JR.
27300 RIVERVIEW CTR BLVD #201
BONITA SPRINGS, FL 34134**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete	NAME
STREET ADDRESS	MCGARVEY, JOHN S		
CITY-ST-ZIP	27300 RIVERVIEW CTR BLVD #201 BONITA SPRINGS, FL 341344316		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	NAME
STREET ADDRESS	GERNER, DANIEL F		
CITY-ST-ZIP	27300 RIVERVIEW CTR. BLVD. #201 BONITA SPRINGS, FL 341344316		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	NAME
STREET ADDRESS	PRICE, WILLIAM G JR.		
CITY-ST-ZIP	27300 RIVERVIEW CTR. BLVD. #201 BONITA SPRINGS, FL 341344316		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	NAME
STREET ADDRESS	MCGARVEY IRREVOCABLE TRUST		
CITY-ST-ZIP	27300 RIVERVIEW CTR. BLVD. #201 BONITA SPRINGS, FL 341344316		
TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	NAME
STREET ADDRESS			
CITY-ST-ZIP			

10. ADDITIONS/CHANGES

TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			

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 #