AMENDED

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900004565 1. Entity Name MPG ASSOCIATES, LLC



Principal Place of Business Mailing Address 27300 RIVERVIEW CTR BLVD 27300 RIVERVIEW CTR BLVD SUITE 201 SUITE 201 BONITA SPRINGS, FL 34134-4316 US BONITA SPRINGS, FL 34134-4316 US

FILED

2. Principal F	Place of Business	3. Mailing Address					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKI	☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3590180	├	pplied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Ad Fee Require	ditional	
S. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MPG ASSOCIATES - WM G PRICE, JR WILLIAM G. PRICE, JR. 27300 RIVERVIEW CTR BLVD #201 BONITA SPRINGS, FL 34134			Name	Name			
			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
			City	F	Zip Cod		
B. 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. Specifical name of registered agent and title if applicable. (NOTE: Registered Agents Signature required when reinstating) CATE							
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***		DU	e By May 1, 2003	(men or 348) [4/[131]] [[551]]	1 **50.	ΠÜ	
97	MANAGING MEMBER		10.	ADDITIONS/CHANGI			
TITLE	MGRM	☐ Delete	TITLE		☐ Change	■ Addition	
NAME	MCGARVEY, JOHN S		NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	BONITA SPRINGS, FL 341344316		CITY-ST-2iP				
TITLE	MGRM	🖾 Delete	TITLE		☐ Change	Addition	
NAME	GERNER, DANIEL F		NAME			(
STREET ADDRESS	27300 RIVERVIEW CTR BLVD #20	1	STREET ADDRESS				
CITY-ST-ZIP	BONITA SPRINGS, FL 341344316		CITY-ST-ZIP			ļ	
TITLE	MGRM	⊠ Delete	TITLE		☐ Change	Addition	
NAME	PRICE, WILLIAM GUR		NAME -				
STREET ADDRESS	27300 RIVERVIEW CTR BLVD #20	1	STREET ADDRESS			ľ	
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STREET ADDRESS	27300 RIVERVIEW CTR BLVD #20	· ·	STREET ADDRESS				
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NAME			NAME	151		i	
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NAME			AME				

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.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP