


**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

30003390

<b>DOCUMENT # M03000004337</b>		03-24-2006 90349 001 ***200.00	
1. Entity Name SOUTH SHORE GROUP PARTNERS, LLC			
Principal Place of Business 841 PRUDENTIAL DRIVE, SUITE 150 JACKSONVILLE, FL 32207		Mailing Address 841 PRUDENTIAL DRIVE, SUITE 150 JACKSONVILLE, FL 32207	
2. Principal Place of Business 841 Prudential Dr Ste 1300 Suite, Apt. #, etc. Ste 1300		3. Mailing Address 841 Prudential Drive Suite, Apt. #, etc. Ste 1300	
City & State Jacksonville FL		City & State Jacksonville FL	
Zip 32207		Country USA	
6. Name and Address of Current Registered Agent DOUGLAS, JEFFREY R 841 PRUDENTIAL DRIVE, SUITE 150 JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 841 Prudential Dr Ste 1300 City Jacksonville FL Zip Code 32207	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM SSGP HOLDINGS, LLC 841 PRUDENTIAL DRIVE, SUITE 150 JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP 841 Prudential Drive, Ste 1300 Jacksonville FL 32207	
[Delete]		[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
[Delete]		[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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[Delete]		[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
[Delete]		[Change] [Addition]	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		3-16-06 561 252 9905	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	