


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90014 009 \*\*\*\*50.00

**DOCUMENT # L02000015917**

1. Entity Name  
 14201 MCCORMICK DRIVE ASSOCIATES, L.L.C.




Principal Place of Business  
 4034 ROBERTS POINT ROAD  
 SARASOTA, FL 34242

Mailing Address  
 4034 ROBERTS POINT ROAD  
 SARASOTA, FL 34242

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



02142005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
 02-0626937

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

KNOWLES, CHARLES  
 4034 ROBERTS POINT ROAD  
 SARASOTA, FL 34242

**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)

**Filing Fee is \$50.00 Due by May 1, 2005**

**Make check payable to Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | MGR                        | <input type="checkbox"/> Delete |
| NAME           | BARGER, MICHAEL E          |                                 |
| STREET ADDRESS | 4200 4TH STREET NORTH      |                                 |
| CITY-ST-ZIP    | SAINT PETERSBURG, FL 33703 |                                 |
| TITLE          | MGR                        | <input type="checkbox"/> Delete |
| NAME           | K & K REAL PROPERTIES      |                                 |
| STREET ADDRESS | 4034 ROBERTS POINT ROAD    |                                 |
| CITY-ST-ZIP    | SARASOTA, FL 34242         |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| 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          |                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                             |  |
| STREET ADDRESS | 11001 DANKA WAY N., UNIT #3 |  |
| CITY-ST-ZIP    | ST. PETERSBURG, FL 33716    |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| 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: Michael E. Barger MICHAEL E. BARGER 2-15-05 727-520-7711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #