


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02012006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0626937	Applied For Not Applicable
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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

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

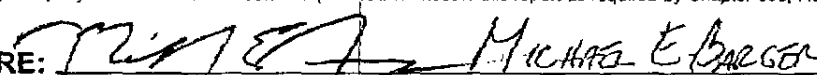
Filing Fee is \$50.00 Due by May 1, 2006

U00000432303
02/23/06-80064-001 50.00

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARGER, MICHAEL E 11001 DANKA WAY NORTH UNIT #3 SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR K & K REAL PROPERTIES 4034 ROBERTS POINT ROAD SARASOTA, FL 34242
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  MICHAEL E BARGER 2-1-06 727-520-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #