


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 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

DO NOT WRITE IN THIS SPACE



01172007No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0626937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 _____

Filing Fee is \$50.00 Due by May 1, 2007

000000709127
 04/24/07-80142-012 50.00

9. 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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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:  **CHARLES W. KNOWLES** MGR 1/22/07 941-349-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Distinguishing Phone #