


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000015917 1. Entity Name 14201 MCCORMICK DRIVE ASSOCIATES, L.L.C.	
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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**



02062008No Chg-LLC CR2E083 (12/07)

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

**DO NOT WRITE 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000837391  
 03/04/08-80055-015 138.75

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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:  2-11-08 94-349-6400

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