2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-04-2005 90428 007 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000016421

1. Entity Name
MCKINLEY AND ASSOCIATES, LLC

Principal Place of Business	Mailing Address
97 RIO DR PONTE VEDRA BEACH FL 32802	97 RIO DR PONTE VEDRA BEACH FL 32802

2. Principal Place of Business	3. Mailing Address
4600 Touchton Rd	4600 Touchton Rd
Suite, Apt. #, etc.: Bldg 100 / suite 150	Suite, Apt. #, etc.:
City & State: Jacksonville FL	City & State:
Zip: 32246 Country: U.S.	Zip: Country:

4. FEI Number: 20-0799 7376 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WATSON, TODD
7785 BAYMEADOWS WAY, STE 107
JACKSONVILLE FL 32256

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCKINLEY, GARY L	NAME	
STREET ADDRESS	97 RIO DR	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32802	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 ______________________ 3/28/05 904 493-5417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #