2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L04000061605

Entity Name: GREGORY - MCCONNELL INVESTMENTS, L.L.C.

Current Principal Place of Business:

297 MAGNOLIA ST.
ATLANTIC BEACH, FL 32233 US

New Principal Place of Business:

Current Mailing Address:

297 MAGNOLIA ST.
ATLANTIC BEACH, FL 32233 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCONNELL, HARRY K
297 MAGNOLIA STREET
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GREGORY, NORMAN
Address: 304 S. BARTRAM TRAIL
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: MGRM ( ) Delete
Name: GREGORY, ETHAN
Address: 919 LASALLE ST.
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGRM ( ) Delete
Name: MCCONNELL, HARRY K
Address: 297 MAGNOLIA STREET
City-St-Zip: JACKSONVILLE, FL 32233 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SINGLETON, NEILL M
Address: 204 S. LOMBARDY LOOP
City-St-Zip: ST. JOHNS, FL 32259 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ETHAN GREGORY MGRM 04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date