## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L00000015192** 

1. Entity Name MCCARTHY PROPERTIES, LLC



FILED Jan 09, 2008 08:00 Al Secretary of State

Principal Place of Business

3 PINE BLUFF TR ORMOND BEACH, FL 32174 Mailing Address

3 PINE BLUFF TRAIL ORMOND BEACH, FL 32174



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3686485	Applied For
	Not Applicable
	AE AA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCARTHY, LISA 438 NO BEACH ST DAYTONA BEACH, FL 32114

## DO NOT WRITE IN THIS SPACE

	above named entity submits this statement for the purpose of char bligations of registered agent.	iging its registered office or registered agent, or both, in the	e State of Florida. I am familiar with, and accept
SIGNAT	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signalure required when reinstaling)	DATE
	FILE NOW!!! FEE IS \$138.75 May 1, 2008 Fee will be \$538.75	U 01/0	00000776345 9/08- <u>80019-016</u> 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME	MGRM MCARTHY, LISA		

## 3 PINE BLUFF TRAIL STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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IN THIS SPACE

11. I nereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1.8.07

Daytime Phone #