


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000001685</b> 1. Entity Name <b>MC ELMURRAY, LLC</b>					
Principal Place of Business <b>1661 SUNRISE LANE SARASOTA FL 34231</b>			Mailing Address <b>1661 SUNRISE LANE SARASOTA FL 34231</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1171327</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MC ELMURRAY, FRANCES J 1661 SUNRISE LANE SARASOTA FL 34231</b>			Name Street Address (P O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MC ELMURRAY, FRANCES J</b>		NAME	<b>U000000281235</b> <b>03/30/05-80048-016 50.00</b>	
STREET ADDRESS	<b>1661 SUNRISE LANE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>SARASOTA FL</b>		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MC ELMURRAY, PETER</b>		NAME		
STREET ADDRESS	<b>1673 SUNRISE LANE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>SARASOTA FL</b>		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MC ELMURRAY, PETER</b>		NAME		
STREET ADDRESS	<b>1673 SUNRISE LANE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>SARASOTA FL 34231</b>		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MC ELMURRAY, FRANCES S</b>		NAME		
STREET ADDRESS	<b>1661 SUNRISE LANE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>SARASOTA FL 34231</b>		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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.					
<b>SIGNATURE: <i>Frances J. McElmurray</i></b> <div style="float: right; text-align: right;"> <b>April 1, 2005 941-924-4915</b>  <small>Date Daytime Phone #</small> </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					