

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000001685 1. Entity Name MC ELMURRAY, LLC					
Principal Place of Business 1661 SUNRISE LANE SARASOTA FL 34231			Mailing Address 1661 SUNRISE LANE SARASOTA FL 34231		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1171327	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MC ELMURRAY, FRANCES J 1661 SUNRISE LANE SARASOTA FL 34231				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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
U000000439715 03/02/06-80012-003 50.00					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	PT	☐ Delete	TITLE		☐ Change ☐ Add
NAME	MC ELMURRAY, FRANCES J		NAME		
STREET ADDRESS	1661 SUNRISE LANE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Add
NAME	MC ELMURRAY, PETER		NAME		
STREET ADDRESS	1673 SUNRISE LANE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Add
NAME	MC ELMURRAY, PETER		NAME		
STREET ADDRESS	1673 SUNRISE LANE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Add
NAME	MC ELMURRAY, FRANCES S		NAME		
STREET ADDRESS	1661 SUNRISE LANE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Add
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 exemptions contained in Section 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: Frances J. McElmurray (FRANCES J. MC ELMURRAY 2-14-06 941-924-4915)