2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L00000009484

Entity Name: MCKAY TECHNICAL CONSULTING, LLC

Current Principal Place of Business:

1732 BEECHWOOD CIRCLE NORTH
TALLAHASSEE, FL 32301

New Principal Place of Business:

5525 HAMPTON WOODS WAY
TALLAHASSEE, FL 32311

Current Mailing Address:

1732 BEECHWOOD CIRCLE NORTH
TALLAHASSEE, FL 32301

New Mailing Address:

5525 HAMPTON WOODS WAY
TALLAHASSEE, FL 32311

FEI Number: 59-3663377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCKAY, WILMA K
1732 BEECHWOOD CIRCLE NORTH
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MCKAY, WILMA K
5525 HAMPTON WOODS WAY
TALLAHASSEE, FL 32311 US

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: WILMA K. MCKAY 05/01/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MCKAY, WILMA K
Address: 1732 BEECHWOOD CIRCLE NORTH
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MCKAY, WILMA K
Address: 5525 HAMPTON WOODS WAY
City-St-Zip: TALLAHASSEE, FL 32311

I hereby certify that the information supplied with this filing does not qualify for the 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: WILMA K. MCKAY MGRM 05/01/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date