

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011200

Entity Name: MCCOMCO, L.L.C.

FILED  
Apr 08, 2006  
Secretary of State

**Current Principal Place of Business:**

3716 A GULF DRIVE  
HOLMES BEACH, FL 34217 US

**New Principal Place of Business:**

**Current Mailing Address:**

3716 A GULF DRIVE  
HOLMES BEACH, FL 34217 US

**New Mailing Address:**

FEI Number: 59-3677744

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCONNELL, PATRICK D  
3716 A GULF DRIVE  
HOLMES BEACH, FL 34217 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: DUANE F. MCCONNELL R, EVOCABLE LIVIN G TRUST  
Address: 2605 JONILA AVENUE  
City-St-Zip: LAKELAND, FL 33803 US

Title: MGRM ( ) Delete  
Name: PATRICK D. MCCONNELL, REVOCABLE TRU S T  
Address: 3716 A GULF DRIVE  
City-St-Zip: HOLMES BEACH, FL 34217 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KATHLEEN M COFFMAN R, EVOCABLE LIVIN G TRUST  
Address: 1120 SUGARTREE LANE SOUTH  
City-St-Zip: LAKELAND, FL 33813 US

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

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: PATRICK D MCCONNELL

MGRM

04/08/2006

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