2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000000929

1. Entity Name
MCKEY CROSSING, LLC

Principal Place of Business	Mailing Address
650 PINETREE ROAD WINTER PARK, FL 32789	650 PINETREE ROAD WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

01172005No Chg-LLC   CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, PHILIP E
650 PINETREE ROAD
WINTER PARK, FL 32789

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MARSHALL, PHILIP
STREET ADDRESS	650 PINETREE ROAD
CITY-ST-ZIP	WINTER PARK, FL 32739
TITLE	MGR
NAME	GOSSELIN, ROBERT E JR
STREET ADDRESS	2720 RANGEWOOD DR
CITY-ST-ZIP	ATLANTA, GA 30345
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ PHILIP E. MARSHALL   1/22/05   407-237-5855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #