

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90085 006 ****50.00

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1. Entity Name

MCKEY CROSSING, LLC



Principal Place of Business

118 W. MCKEY ST
OCOE FL 34761

Mailing Address

118 W. MCKEY ST
OCOE FL 34761



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

NO-T 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

7. Name and Address of New Registered Agent

Name

Robert E. Gosselin

Street Address (P.O. Box Number is Not Acceptable)

118 W. McKey St.

City

Ocoee

FL

Zip Code

34761

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

Robert Gosselin

Signature, typed or printed name of registered agent and title if applicable

(NOT: Registered Agent signature required when registering)

1/19/2007

Date

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM ☐ Delete
MARSHALL, PHILIP
STREET ADDRESS 650 PINETREE ROAD
CITY ST ZIP WINTER PARK FL 32739

TITLE NAME MGR ☐ Delete
GOSSELIN, ROBERT E. JR
STREET ADDRESS 1402 SOVEREIGN CT
CITY ST ZIP ORLANDO FL 32804

TITLE NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS Delib "Jr"
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

Robert Gosselin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/19/2007

Date

407-654-6688

Daytime Phone #