

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 26, 2005 8:00 am
Secretary of State

05-02-2005 90091 050 ****50.00

DOCUMENT # L01000008719

1. Entity Name
MCKINSEY, L.L.C.



Principal Place of Business
**504 SE 8TH STREET
OCALA, FL 34472**

Mailing Address
**P.O. BOX 2138
OCALA, FL 34478**

30007711



04212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3722273

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLHORN, MICHAEL D
C/O THE MILLHORN LAW FIRM
13710 US 441, SUITE 100
LADY LAKE, FL 32159**

**DO NOT WRITE
IN THIS SPACE**

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]

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

(NOTE: Registered Agent signature required when reinstating)

5/26/05

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DILORENZO, JAMES D
STREET ADDRESS	250 SE 123RD ST. ROAD
CITY - ST - ZIP	OCALA, FL 34480
TITLE	MGRM
NAME	MCKINSEY, CAROL R
STREET ADDRESS	250 SE 123RD ST. ROAD
CITY - ST - ZIP	OCALA, FL 34480
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

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

Date

5/28/05

Daytime Phone #