2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L01000014590

Entity Name: MCGRORY METRO PLANTATION, LLC

Current Principal Place of Business:

6380 METRO PLANTATION ROAD
FT. MYERS, FL 33192 US

New Principal Place of Business:

6380 METRO PLANTATION ROAD
FT. MYERS, FL 33967 US

Current Mailing Address:

6380 METRO PLANTATION ROAD
FT. MYERS, FL 33192 US

New Mailing Address:

6380 METRO PLANTATION ROAD
FT. MYERS, FL 33967 US

FEI Number: 65-1145022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COX, JOE B ESQ.
C/O COX & NICI
1185 IMMOKALEE ROAD, SUITE 110
NAPLES, FL 34110 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: MCGRORY, DANIEL P
Address: 6380 METRO PLANTATION ROAD
City-St-Zip: FT. MYERS, FL 33192 US

Title: MGRM ( ) Delete
Name: MCGRORY, JOHN G
Address: 8355 SAN CARLOS BLVD.
City-St-Zip: FT. MYERS, FL 33912 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MCGRORY, DANIEL P
Address: 6380 METRO PLANTATION ROAD
City-St-Zip: FT. MYERS, FL 33967 US

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN G. MCGRORY MGR 04/27/2009

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