LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L 02000000 492

FILED May 12, 2002 8:00 am Secretary of State 05-12-2002 90598 005 ****50.00

mcCormick Properties LL	-0	
DO NOT WRITE IN THIS SPACE		958394
2. Principal Place of Business 13402 9912 Ave.N. 3. Mailing Address 13402 9912 Ave.N. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Scity & State Scity & State Scity & State Country A DO NOT WRITE IN THIS SPACE	City 100 G	DO NOT WRITE IN THIS SPACE 4. FEI Number
8. The above named entity submits this statement for the purpose of changing Signature. Signature Signature street of registered agent and tide if applicable. Make Chec	•/	Manager 4-30-02
9. MANAGING MEMBERS/MANAGERS	DUE BY MAY 1	
ITTLE MEMBER MINAGER STREET ADDRESS CITY-ST-ZIP TITLE MEMBER MINAGER MEMBER MINAGER AND AGD AVE. N. SEMIMOLE, FL. 33776 TITLE MEMBER MINAGER AND AGD AVE. N. STREET ADDRESS CITY-ST-ZIP SEMIMOLE, FL. 33776	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CR2E083B (12/01)
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INTY-SI-ZIP 1. I hereby certify that the information supplied with this filling does not qualify indicated on this report is true and accurate and that my signature shall ha limited liability company of the receiver or the state.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

SIGNATURE: WALL WE CLOSMICK SIGNATURE AND THE OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE