LIMITED LIABILITY COMPANY

UNIFORM BUSINI	ESS REPOR	T (UBR)		ıy 06, 200	2 8:00 an	
DOCUMENT # L0200000		Secretary of State 05-06-2002 90126 022 ****50.00				
MCGEE BEACH HOUSE, LLC						
DO NOT WRITE	IN THIS S	PACE				
2. Principal Place of Business 252 Tyler Rd Suite, Apt. #, etc. 3. Mailing Address 252 Tyler Rd Suite, Apt. #, etc.		LER Rd.	e Rd. DO NOT WRITE IN THIS SPACE			
City & State City & State		11	4. FEI Number Applied For			
Zip Country	Zip Country		EIN 72-1		Not Applicable 5.00 Additional	
35226 Jefferson	35226	Jeffersow_	5. Certificate of Sta		ee Required	
DO NOT W	DITE	Name P	COLLEEN COF		Agent	
IN THIS SP	Street Addre	ess (P.O. Box Number is Not Acceptable)				
in inis sp	ACE					
		CitSANTA	Rosa Beach +	デム FL	Zip Code 32459	
8. The above named entity submits this statement for	the purpose of changing it	s registered office or regi	stered agent, or both, in th	e State of Florida.		
SIGNATURE Signature, typed or printed name of registered agent a	nd title if applicable.					
	Make Check Pa	FEE IS \$50.00 ayable to Departmen DUE BY MAY 1	of State	DATE		
9 MANAGING MEMBEF		JOE BY MAY				
TITLE MGRM NAME ERIC G. McGee STREET ADDRESS 2521 TYLER Rd		TITLE NAME STREET ADDRESS				
TITLE MACO AN	226	CITY-ST-ZIP				
NAME CORNELIA K. NEGET	TITLE NAME			100		
STREET ADDRESS 2521 TYLET RO- CITY-ST-ZIP - BIHAN AL 352	STREET ADDRESS CITY-ST-ZIP	•				
TITLE NAME	The state of the s	TITLE			1,50	
STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	DO N	OT WRIT	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN TI	IN THIS SPACE		
TITLE — — — — — — — — — — — — — — — — — — —		TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	*			

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

APril 29, 2002 822-6461