

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000799

FILED  
Jul 02, 2007  
Secretary of State

**Entity Name:** MCDONALD, GOLDBERG, HEMINGWAY, CANTILLO AND ASSOCIATES, LLC

**Current Principal Place of Business:**

1575 SAN IGNACIO AVE.  
SUITE PH  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

1300 S US1  
BUNNELL, FL 32110 US

**Current Mailing Address:**

P.O. BOX 959  
BUNNELL, FL 32110 US

**New Mailing Address:**

FEI Number: 03-0468967      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

TRINLEY, PAUL T ESQ  
1675 PALM BEACH LAKES BLVD.  
STE., 700  
WEST PALM BEACH, FL 33401 US

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: MGR ( ) Delete  
Name: CANTILLO, JULIAN  
Address: 1575 SAN IGNACIO AVE., STE. 500  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CANTILLO, JULIAN G  
Address: 1300 S US1  
City-St-Zip: BUNNELL, FL 32110

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: JULIAN G. CANTILLO

MGRM

07/02/2007

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