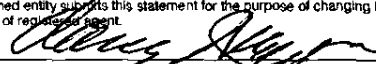
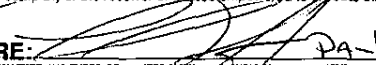


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY 20 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000007038			
1. Entity Name MCDEGO, L.L.C.			
Principal Place of Business 9826 THOMAS DRIVE PANAMA CITY BEACH, FL 32408		Mailing Address 9826 THOMAS DRIVE PANAMA CITY BEACH, FL 32408	
2. Principal Place of Business		3. Mailing Address P.O. Box 4121	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		Panama City FL	
Zip	Country	Zip	Country
32401	USA	32401	USA
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired		☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			
SAVITSKY, PAUL 653 WEST 23RD ST. #102 PANAMA CITY, FL 32405			
7. Name and Address of New Registered Agent			
Name James J. McVeigh, Esq.			
Street Address (P.O. Box Number is Not Acceptable) 1123 Beck Ave			
City Panama City FL Zip Code 32401			
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		DATE	
		4/29/03	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
MGR	John McVeigh		
STREET ADDRESS	1123 Beck Ave		
CITY-ST-ZIP	Panama City, FL 32401		
TITLE	NAME	TITLE	NAME
MGR	Paul Ruffino		
STREET ADDRESS	1123 Beck Ave		
CITY-ST-ZIP	Panama City, FL 32401		
TITLE	NAME	TITLE	NAME
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	TITLE	NAME
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	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 606, Florida Statutes.			
SIGNATURE		DATE	
		4/29/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Paul Ruffino mgr 850/769-4444			

032003 (10/02)

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