

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90192 018 ****50.00

DOCUMENT # L02000008159

1. Entity Name
MACLAY COMMERCE ONE, LLC



Principal Place of Business
**2282 KILLEARN CENTER BOULEVARD
TALLAHASSEE, FL 32309**

Mailing Address
**2282 KILLEARN CENTER BOULEVARD
TALLAHASSEE, FL 32309**

44032633

2. Principal Place of Business
1701 HERMITAGE BLVD.

3. Mailing Address
1701 HERMITAGE BLVD

Suite, Apt. #, etc.
SUITE 202

Suite, Apt. #, etc.
SUITE 202

04052004 Chg-LLC CR2E083 (10/03)

City & State
TALLAHASSEE FL

City & State
TALLAHASSEE FL

4. FEI Number
75-3043679

Applied For
Not Applicable

Zip
32308

Country
USA

Zip
32308

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARRISH, ROBERT R JR
2282 KILLEARN CENTER BOULEVARD
TALLAHASSEE, FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

1701 HERMITAGE BLVD.

SUITE 202

City
TALLAHASSEE

FL

Zip Code
32308

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **PARRISH, ROBERT R**
STREET ADDRESS **2282-A KILLEARN CENTER BLVD.**
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1701 HERMITAGE BLVD. SUITE 202**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **MGR** ☐ Delete
NAME **RUDNICK, JAMES M**
STREET ADDRESS **3280 LONG LEAF RD**
CITY-ST-ZIP **TALLAHASSEE, FL 32310**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

4/14/04

Date

894-3330

Daytime Phone #