## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**FILED** Apr 14, 2008 08:00 Al Secretary of State

## DOCUMENT # L02000026457

MCCORKLE VOTING TRUST, L.L.C.



Principal Place of Business

3725 11TH CIRCLE

VERO BEACH, FL 33960

Mailing Address

3725 11TH CIRCLE

VERO BEACH, FL 33960

US



01242008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 90-6015847 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOYCE, PETER H **3725 11TH CIRCLE** VERO BEACH, FL 33960 DO NOT WRITE IN THIS SPACE

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 reinstating)

04/25/08-80035-023 138.75

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	JOYCE, PETER H M.D.
STREET ADDRESS	3725 11TH CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 33960
TITLE	MGRM
NAME	BISSET, ROBERT R M.D.
STREET ADDRESS	3725 11TH CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 33960
TITLE	MGRM
NAME	COLELLA, JAY P M.D.
STREET ADDRESS	3725 11TH CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 33960
TITLE	MGRM
NAME	NAGEL, HEATHER S M.D.
STREET ADDRESS	3725 11TH CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 33960
TITLE	MGRM
NAME	PUSKAR, GEORGE T M.D.
STREET ADDRESS	3725 11TH CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 33960
TITLE	MGRM
NAME	WEEKS, MARGARET W M.D.
STREET ADDRESS	3725 11TH CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 33960
11. I hereby certify that the information supplied with this filing does not qualify for the ex-	

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 receipter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: