# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 01, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L02000030489

1. Entity Name
MCCORMICK ROAD, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 232 S. DILLARD ST<br>STE 201<br>WINTER GARDEN, FL 34787 | PO BOX 770609<br>WINTER GARDEN, FL 34777-0607 |

D4182006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
06-1662013
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PRATT, JAMES R
369 N. NEW YORK AVENUE 3RD FL
WINTER PARK, FL 32789

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2006**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | HAWTHORNE, CHARLES E |
| STREET ADDRESS | PO BOX 289 |
| CITY-ST-ZIP | WINDERMERE, FL 34786 |
| TITLE | MGRM |
| NAME | JUNE, ROHLAND A II |
| STREET ADDRESS | PO BOX 770609 |
| CITY-ST-ZIP | WINTER GARDEN, FL 347770609 |
| TITLE | MGRM |
| NAME | LYONS, DOUGLAS S |
| STREET ADDRESS | 325 N. CALHOUN ST. |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000547291
05/12/06-80018-010 50.00

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11. 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** _____ Rohland A. June 4/27/06 407 905 8180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #