

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030489

Entity Name: MCCORMICK ROAD, LLC

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

132 WEST PLANT ST
SUITE 200
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

PO BOX 770609
WINTER GARDEN, FL 347770607

New Mailing Address:

FEI Number: 06-1662013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: HAWTHORNE, CHARLES E
Address: PO BOX 289
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: JUNE, ROHLAND A II
Address: PO BOX 770609
City-St-Zip: WINTER GARDEN, FL 347770609

Title: MGRM () Delete
Name: LYONS, DOUGLAS S
Address: 325 N. CALHOUN ST.
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROHLAND A JUNE

MGRM

04/10/2009

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