



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L03000011721 1. Entity Name 427 MCKENZIE, L.L.C. |  |
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|---|---|
| Principal Place of Business 427 MCKENZIE AVENUE PANAMA CITY, FL 32401 | Mailing Address 427 MCKENZIE AVENUE PANAMA CITY, FL 32401 |
|---|---|

DO NOT WRITE IN THIS SPACE



01072005No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 77-0596688 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent HARMON & SLOAN, P.A. 427 MCKENZIE AVENUE PANAMA CITY, FL 32401 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR HARMON, DANIEL III 427 MCKENZIE AVENUE PANAMA CITY, FL 32401 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR SLOAN, TIMOTHY J 427 MCKENZIE AVENUE PANAMA CITY, FL 32401 |
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01/24/05-80150-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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: E. M. Co Manager 1/7/05 850-769-2501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #