## 2005 LIMITED LIABILITY COMPANY

FILED Jan 31. 2005 08:00 AM

ANNUAL REPORT					
DOCUMENT # L03000021866				Secre	tary of Stat
1. Entity Name					
MACKEN	NZIE AND OLLIE, LLC				
Principal Pla	on of Business	Molling Address	· ·	4	
Principal Place of Business Mailing Address 3989 JEBB ISLAND CIRCLE EAST 3989 JEBB ISLAND CIRCLE EAST			FACT		
JACKSONVILLE, FL 32224-7901 JACKSONVILLE, FL 32224-79			7901		
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-	IN MAI MAII	E IN THIS SPA	4CE	4. FEI Number 86-1067648	Applied For Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional
	6. Name and Address of Curre	ent Registered Agent		<u> </u>	Fee Required
All PETCO					<del>-</del>
NUTTER, LOUIS W 225 WATER STREET, SUITE 110			ł	DO NOT WRIT	Έ
JACKSONVILLE, FL 32202				IN THIS SPACE	F
				III IIIIO DI AU	<b>L</b>
R. The above	named entity submits this statemen	t for the purpose of changing its regist	ered office or register	red agent, or both, in the State of Florida. I ar	m femiliar with and accent
the obliga	tions of registered agent.	tiol tile ballbase or energers are regime	orea amos or regions.	an agoing or posity in the courts or increase in an	II talima and alle accept
SIGNATURE.	Signature, typed or printed name of registered ag	ient and title if applicable. (NOTE, Regist	ered Agent signature required	f when reinstaling) DATE	
		<u> </u>			
D	iling Fee is \$50.00 lue by May 1, 2005	and the second s			
9.	<del></del>	BERS/MANAGERS			
TITLE NAME	MGR NUTTER, LOUIS W		1		
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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 acclurate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

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Daytime Phone #