


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90042 018 ****55.00

DOCUMENT # L03000030977

1. Entity Name
MCKENNEY GROUP, LLC



Principal Place of Business
**2907 BAY TO BAY BLVD
 SUITE 314
 TAMPA, FL 33629**

Mailing Address
**2907 BAY TO BAY BLVD
 SUITE 314
 TAMPA, FL 33629**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country


City & State
 Zip Country

City & State
 Zip Country

6. Name and Address of Current Registered Agent

**NORTH, ANGELA F
 15950 BAY VISTA DRIVE
 SUITE 250
 CLEARWATER, FL 33760**

40070651



01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0164676

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2007

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MCKENNEY, SEAN M 2912 W BAY VILLA AVE TAMPA, FL 33611 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Sean McKenney **3-14-07**

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