


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90241 005 \*\*\*\*55.00

**DOCUMENT # L03000035962**

1. Entity Name  
**MCKEE AND COMPANY, LLC**



Principal Place of Business      Mailing Address

**211 RONTONDA BOULEVARD WEST  
 UNIT B  
 ROTONDA WEST, FL 33947 US**

**211 RONTONDA BOULEVARD WEST  
 UNIT B  
 ROTONDA WEST, FL 33947 US**

60010146



2. Principal Place of Business      3. Mailing Address

**3425 Sarto Lane**      **3425 Sarto Lane**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

02212006    Chg-LLC    CR2E083 (11/05)

City & State      City & State

**ROTONDA WEST, FL**      **ROTONDA WEST, FL**

4. FEI Number      Applied For

**20-0551172**       Applied For  
 Not Applicable

Zip      Country      Zip      Country

**33947**      **Charlotte**      **33947**      **Charlotte**

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

6. Name and Address of Current Registered Agent

**DIETERICH, PEGGY J -  
 211 RONTONDA BOULEVARD WEST  
 UNIT B  
 ROTONDA WEST, FL 33947**

7. Name and Address of New Registered Agent

Name **Peggy J McKee**

Street Address (P.O. Box Number is Not Acceptable)

**3425 Sarto Lane**

City **ROTONDA WEST**      FL      Zip Code **33947**

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 **Peggy J McKee**      **Peggy J McKee**      DATE **2/21/06**

Signatures must be 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**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRA DLETERICH, PEGGY JO 211 RONTONDA BOULEVARD WEST UNIT B ROTONDA WEST, FL 33947</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRA McKee, Peggy J 3425 Sarto Lane ROTONDA WEST, FL 33947</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: **Peggy J McKee**      DATE **2/21/06**      DAYTIME PHONE # **941-697-2963**

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