

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90148 048 ****50.00

DOCUMENT# L03000038508

1. Entity Name
JOHN D. MACKAY TRUST, LLC



Principal Place of Business
**900 S.E. FEDERAL HIGHWAY
STUART, FL 34994**

Mailing Address
**900 S.E. FEDERAL HIGHWAY
STUART, FL 34994**

DO NOT WRITE IN THIS SPACE



07072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
52-7186049

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**E. STEVEN LAUER, P.A.
3426 OCEAN DRIVE
VERO BEACH, FL 32963**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
BANK OF AMERICA, TRUSTEE
900 S.E. FEDERAL HIGHWAY
STUART, FL 34994**

TITLE
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CITY- ST- ZIP

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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 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: Bonny A. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #