

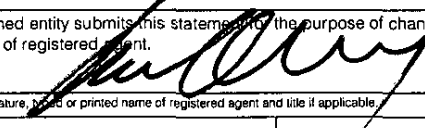



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90345 046 \*\*\*\*50.00

DOCUMENT # L03000043345					
1. Entity Name MCK, LLC					
Principal Place of Business 1600 PONCE DE LEON DRIVE FORT LAUDERDALE, FL 33316-1326			Mailing Address 1600 PONCE DE LEON DRIVE FORT LAUDERDALE, FL 33346-1326		
2. Principal Place of Business David Murray c/o Murray, Simmons & Ziegler, LLP Suite, Apt. #, etc. 1401 E. Broward Blvd. Suite 200 City & State Ft. Lauderdale, FL Zip 33301 Country USA		3. Mailing Address P.O. Box 460190 Suite, Apt. #, etc. City & State Ft. Lauderdale, FL Zip 33346 Country USA			
03112004 Chg-LLC CR2E083 (10/03)				4. FEI Number 22-3881-82-2	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCKINNEY, DONALD K 1600 PONCE DE LEON DRIVE FORT LAUDERDALE, FL 33316-1326			7. Name and Address of New Registered Agent Name David Murray c/o Murray, Simmons & Ziegler, LLP Street Address (P.O. Box Number is Not Acceptable) 1401 E. Broward Blvd. Suite 200 City Ft. Lauderdale FL Zip Code 33301		
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 3/25/04	
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCKINNEY, DONALD K 1600 PONCE DE LEON DRIVE FORT LAUDERDALE, FL 33316-1326	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 3/23/04	Daytime Phone # 954-463-1307	