2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000050383

1. Entity Name
MCKI DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
5505 N. ATLANTIC AVE. 115 COCOA BEACH, FL 32931 US	5505 N. ATLANTIC AVE. 115 COCOA BEACH, FL 32931 US

DO NOT WRITE IN THIS SPACE

02152005No Chg-LLC   CR2E083 (10/03)

4. FEI Number 56-2422516	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

KINCAID, JAMES
5505 N. ATLANTIC AVE.
115
COCOA BEACH, FL 32931

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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 May 1, 2005

9.   MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	MCPHILLIPS, MICHAEL
STREET ADDRESS	5505 N. ATLANTIC AVE., #115
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	MGR
NAME	KINCAID, JAMES
STREET ADDRESS	5505 N. ATLANTIC AVE., #115
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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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: _James Kincaid, James Kincaid_   3/15/05   321-779-4690

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