

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000050383

1. Entity Name
MCKI DEVELOPMENT, LLC



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

Mailing Address
**5505 N. ATLANTIC AVE.
115
COCOA BEACH, FL 32931 US**



01272006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 May 1, 2006**

0000001401750
02/02/06-00059-005 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MCPHILLIPS, MICHAEL
5505 N. ATLANTIC AVE., #115
COCOA BEACH, FL 32931**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KINCAID, JAMES
5505 N. ATLANTIC AVE., #115
COCOA BEACH, FL 32931**

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CITY-ST-ZIP

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IN THIS SPACE**

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 605, Florida Statutes.

SIGNATURE:

James Kincaid
James Kincaid

Date

Daytime Phone #

1/25/06 799-4090