## Apr 27, 2004 8:00 am Secretary of State 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L03000055605** 04-27-2004 90016 038 \*\*\*\*50.00 1. Entity Name K/MCGINNIS OFFICE, LLC Principal Place of Business Mailing Address 24056013 C/O KOGER EQUITY, INC. C/O KOGER EQUITY, INC. 225 N.E. MIZNER BLVD, STE 200 225 N.E. MIZNER BLVD, STE 200 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02182004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For N/A · Dissegardes Ent. W Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAGG, K. LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 200 S BISCAYNE BLVD, STE 4900 MIAMI, FL 33131 City Zip Code 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, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE President **Addition** ☐ Change NAME NAME 1. Crocker Thomas Mirner Blyd., Suk 200 STREET ADDRESS STREET ADDRESS 225 NE CITY-ST-ZIP CITY-ST-ZIP Ration FL 33132 TITLE ☐ Delete TITLE Vice President ☐ Change Addition NAME NAME Christopher Becker Flowers Road South STREET ADDRESS STREET ADDRESS # 100 CITY-ST-ZIP CITY-ST-ZIP GA 30341 TITLE ☐ Delete vice President TITLE ☐ Change Addition NAME NAME Thomas C. Brockwell BOCA Raton, FL 33432 STREET ADDRESS STREET ADDRESS Suite Dow CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Vice President / Treasurer TITLE ☐ Change Addition Steven A. Abney 225 NE Mizner Blvd. NAME NAME Suik 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33432 Boca TITLE ☐ Delete fres ident TITLE ☐ Change X Addition Vice NAME Todd J. Amara 225 NE Mizner Blud. NAME Todal STREET ADDRESS Su, k 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

1511) 395-9666 Daytime Phone #

FILED