## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 31, 2008 08:00 A DOCUMENT # L0400@33841 **Secretary of State** JAMÉS R MCKEAN, LLC Principal Place of Business Mailing Address **6330 TOULON STREET** 6330 TOULON STREET ENGLEWOOD, FL 34224 ENGLEWOOD, FL 34224 02242008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1109855 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MCKEAN, JAMES R DO NOT WRITE 6330 TOULON STREET ENGLEWOOD, FL 34224 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 famillar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 1S \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE MCKEAN, JAMES R NAME 6330 TOULON STREET STREET ADDRESS ENGLEWOOD, FL 34224 CITY-ST-7IP U00000874408 04/10/08-80118-002 138.75 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 608, Florida Statutes.

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #