2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 23, 2007 8:00 am Secretary of State

DOCUMENT # L04000035287 1. Entity Name MCNAB ASSOCIATES, LLC					02-23-2007 90205 020 ****50.00			
	e of Business I FEDERAL HIGHWAY, STE. 201 RDALE, FL 33305		ailing Address 500 NORTH FEDERAL HIGHWAY, STE. 201 ORT LAUDERDALE, FL 33305			20	004381	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02142007	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Number 14-3122			pplied For Applicable	
Zıp	Brownd	Zip	B _m	ha		of Status Desired	S5.00 Add Fee Require	
	6. Name and Address of Current R	egistered Agent			7. Name and	Address of New R	egistered Agent	
DIDVOEN	, , , , , , , , , , , , , , , , , , ,		Na	ıme		5000		
DIRKSEN, VOLKMAR 2500 NORTH FEDERAL HIGHWAY, STE. 201 FORT LAUDERDALE, FL. 33305				Street Address (P.O. Box Number is Not Acceptable)				
	Ÿ		Cit	ty			FL Zip Cod	e
8. The above the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered off	ice or register	ed agent, or both	n, in the State of Flo		and accept
SIGNATURE .	Signature, typed or printed name of registered agent ar	d title if applicable (NOTE	Registered Agen	t signature required	uban rainetations		DATE	
	The state of the s	(NOTE	. Hegistered Agent	c signature required	Wilder Terristating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007						e check payable to Department of Stat	e	
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE	MGR	Delete	TITLE	.			☐ Change	☐ Addition
NAME	DIRKSEN, VOLKMAR		NAME				<u> </u>	
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		☐ Delete		I		******	☐ Change	☐ Addition
NAME		☐ Delete	CITY-ST-ZII	I		7×1+4-9-4	☐ Change	☐ Addition
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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.

SIGNATURE:
SIGNATURE AND TYPES OR PRINTED NAME SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/21/07

954561-9906

Daytime Phone #