

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-23-2007 90205 020 \*\*\*\*50.00

**DOCUMENT # L04000035287**

1. Entity Name  
**MCNAB ASSOCIATES, LLC**



Principal Place of Business  
**2500 NORTH FEDERAL HIGHWAY, STE. 201  
FORT LAUDERDALE, FL 33305**

Mailing Address  
**2500 NORTH FEDERAL HIGHWAY, STE. 201  
FORT LAUDERDALE, FL 33305**

**20004381**



2. Principal Place of Business - No P.O. Box #

*Same*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**14-3122572**

Applied For  
Not Applicable

Zip

Country

*Broward*

Zip

Country

*Broward*

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIRKSEN, VOLKMAR  
2500 NORTH FEDERAL HIGHWAY, STE. 201  
FORT LAUDERDALE, FL 33305**

Name

*Same*

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
DIRKSEN, VOLKMAR  
2500 NORTH FEDERAL HIGHWAY, STE. 201  
FORT LAUDERDALE, FL 33305** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
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CITY- ST- ZIP ☐ Delete

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STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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

*2/21/07*

Date

*954 561-9900*

Daytime Phone #