


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000037295 1. Entity Name C&C MCKEE LAND CO., LLC |  |
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|---|---|
| Principal Place of Business 918 LUCERNE TERRACE ORLANDO, FL 32806 | Mailing Address 918 LUCERNE TERRACE ORLANDO, FL 32806 |
|---|---|



04232007 No Chg-LLC CR2E083 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 20-2805374 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

MCKEE, MICHAEL T
918 LUCERNE TERRACE
ORLANDO, FL FL

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MCKEE, MICHAEL T 918 LUCERNE TERRACE ORLANDO, FL 32806 |
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05/08/07-80026-008 50.00

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

Date

Daytime Phone #

4/23/07
407-896-9688