2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 21, 2005 8:00 am
Secretary of State

04-08-2005 90278 016 ****50.00

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04062005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000050958

1. Entity Name
MCKEE BUILDING, LLC

Principal Place of Business	Mailing Address
1215 EAST CONCORD STREET ORLANDO, FL 32803	1215 EAST CONCORD STREET ORLANDO, FL 32803

2. Principal Place of Business	3. Mailing Address
918 Lucerne Terrace	918 Lucerne Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Fl	City & State: Orlando, Fl
Zip: 32806 Country: USA	Zip: 32806 Country: USA

4. FEI Number 03-0545255 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCKEE, MICHAEL
1215 EAST CONCORD STREET
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name

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

City Orlando, FL Zip Code 32806

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] 4/5/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mike McKee 918 Lucerne Terrace ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mike McKee Mgr. Mem ☐ Change ☒ Addition 918 Lucerne Terrace Orlando, Fl. 32806
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/5/05 407-896-9688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #