2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000059923

1. Entity Name
MCKAY GROUP, LLC

Principal Place of Business	Mailing Address
100 S. KENTUCKY AVE., SUITE 250 LAKELAND, FL 33801	100 S. KENTUCKY AVE., SUITE 250 LAKELAND, FL 33801

01092007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2243638
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HANNA, LINDA C
600 S. MAGNOLIA AVENUE, SUITE 125
TAMPA, FL 32606

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MIMS, PAULA M
STREET ADDRESS	100 S KENTUCKY AVE STE 250
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	MGRM
NAME	WILLIAMSON, MONA M
STREET ADDRESS	100 S KENTUCKY AVE STE 250
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	MGRM
NAME	MCKAY, L KIRK III
STREET ADDRESS	100 S KENTUCKY AVE STE 250
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Paula M Mims 1/10/07 863-688-6602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #