

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000059923	
1. Entity Name MCKAY GROUP, LLC	

Principal Place of Business 100 S. KENTUCKY AVE., SUITE 250 LAKELAND FL 33801	Mailing Address 100 S. KENTUCKY AVE., SUITE 250 LAKELAND FL 33801
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent HANNA, LINDA C 600 S. MAGNOLIA AVENUE, SUITE 125 TAMPA FL 32606	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

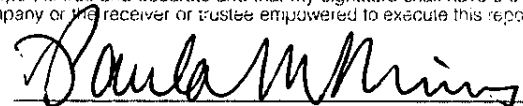
SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent is required if applicable. (NOTE: Registered Agent's signature required when transferring)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIMS, PAULA M 100 S KENTUCKY AVE STE 250 LAKELAND FL 33801 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMSON, MONA M 100 S KENTUCKY AVE STE 250 LAKELAND FL 33801 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKAY, L KIRK III 100 S KENTUCKY AVE STE 250 LAKELAND FL 33801 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000000827774 02/22/08-80003-024 \$138.75 ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME 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 Section 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:  **2-07-08** **(863)** **688-6602**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE