




# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

5 Jun 02, 2005 8:00 am  
Secretary of State

05-20-2005 90208 043 \*\*\*\*50.00

<b>DOCUMENT # L04000061605</b>					
1. Entity Name <b>GREGORY - MCCONNELL INVESTMENTS, L.L.C.</b>					
Principal Place of Business <b>5344 TURTLEBACK CROSSING JACKSONVILLE, FL 32258 US</b>			Mailing Address <b>5344 TURTLEBACK CROSSING JACKSONVILLE, FL 32258 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MCCONNELL, HARRY K 297 MAGNOLIA STREET ATLANTIC BEACH, FL 32233</b>				Name	
				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:  <b>Ethan Gregory</b> (NOTE: Registered Agent signature required when reinstating) DATE: <b>5-17-05</b>					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREGORY, NORMAN		NAME		
STREET ADDRESS	5344 TURTLEBACK CROSSING		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32258		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREGORY, ETHAN		NAME		
STREET ADDRESS	5344 TURTLEBACK CROSSING		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32258		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCONNELL, HARRY K		NAME		
STREET ADDRESS	297 MAGNOLIA STREET		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32233		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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:  <b>Ethan Gregory</b> DATE: <b>5-17-05</b>					