

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000061605**

1. Entity Name  
**GREGORY - MCCONNELL INVESTMENTS, L.L.C.**



Principal Place of Business  
**297 MAGNOLIA ST.  
ATLANTIC BEACH, FL 32233 US**

Mailing Address  
**297 MAGNOLIA ST.  
ATLANTIC BEACH, FL 32233 US**



01042007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MCCONNELL, HARRY K  
297 MAGNOLIA STREET  
ATLANTIC BEACH, FL 32233**

**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

*Harry K. McConnell*

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**

000000595252  
01/23/07-80033-003 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	GREGORY, NORMAN
STREET ADDRESS	304 S. BARTRAM TRAIL
CITY-ST-ZIP	JACKSONVILLE, FL 32259

TITLE	MGRM
NAME	GREGORY, ETHAN
STREET ADDRESS	919 LASALLE ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32207

TITLE	MGRM
NAME	MCCONNELL, HARRY K
STREET ADDRESS	297 MAGNOLIA STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32233

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Harry K. McConnell*

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

Date

1-4-07

Daytime Phone #

904-502-9700