

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070920

FILED
Apr 17, 2008
Secretary of State

Entity Name: MCKENNA CAPITAL MANAGEMENT LLC.

Current Principal Place of Business:

2121 CORPORATE SQUARE BLVD
SUITE 151
JACKSONVILLE, FL 32216

New Principal Place of Business:

3100 UNIVERSITY BLVD
SUITE 301
JACKSONVILLE, FL 32216

Current Mailing Address:

2121 CORPORATE SQUARE BLVD
SUITE 151
JACKSONVILLE, FL 32216

New Mailing Address:

3100 UNIVERSITY BLVD
SUITE 301
JACKSONVILLE, FL 32216

FEI Number: 03-0459318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

J.M. CONSULTING INC OF JACKSONVILLE
2121 CORPORATE SQUARE BLVD
SUITE 151
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

J.M. CONSULTING INC OF JACKSONVILLE
3100 UNIVERSITY BLVD
SUITE 301
JACKSONVILLE, FL 32216 US

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.

SIGNATURE: JAMES J MCKENNA

04/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: J.M. CONSULTING INC, OF JACKSONVILL E
Address: 2121 CORPRATE SQUARE BLVD SUITE 151
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: J.M. CONSULTING INC, OF JACKSONVILL E
Address: 3100 UNIVERSITY BLVD STE 301
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES J MCKENNA

MGR

04/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date