2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078033

Entity Name: MCAFEE, LEFT COAST, KHR, LLC

FILED Feb 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ONE INDEPENDENT DRIVE SUITE 1200

JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

ONE INDEPENDENT DRIVE P.O. BOX 7219

SUITE 1200 JACKSONVILLE, FL 322380219 US JACKSONVILLE, FL 322380219 US

FEI Number: 20-1959376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONTEGA BUSINESS SERVICES, LLC

554 LOMAX STREET

ONE INDEPENDENT DRIVE
SUITE 1200

JACKSONVILLE, FL 32204 US SUITE 1200 JACKSONVILLE, FL 32202 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: G. RAY DRIVER, JR., P 02/13/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name:MCAFEE, JANEName:MCAFEE, JANEAddress:ONE INDEPENDENT DRIVE, SUITE 1200Address:P.O. BOX 7219

City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: JACKSONVILLE, FL 322380219 US

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: JANE MCAFEE MGR 02/13/2009