2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Sep 12, 2005 8:00 am Secretary of State 08-29-2005 90040 013 ****50.00

1. Entity Name	•	# L040000803	203				ı	08-23-2	003 30040	015	30.00	
Principal Place		•	Mailing Address			30011136						
8535 DANBURY BLVD. 203			8535 DANBURY BLVD. 203					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
NAPLES, FL 34102 US			NAPLES, FL 34102 US									
2 Principal P	<u>Giene</u>	eagle Way	3. Matting Address Glen Cagle Way									
Suite, Apt.			Suite, Apt. #, etc.			08112005	Chg-LLC	CR2E083 (
NAPU	is, F		City & State Naples, FL				4. FEI Numb	<u> 5/8 538</u>	156		plied For x Applicable	
ZIP 3416	34102 Country USA		Zip 34102 Cour		" USA	USA S		e of Status Desired	□ \$5.	00 Add Require	litional d	
		Name .		7. Name on	d Address of New i	legistered Ager	rt					
MCCORMACK, RICHARD						McCormack, Richard						
8535 DANBURY BLVD 203					Street Address (P.O. Box Number/is Not Acceptable) 8502 GLENCAAL WAY						1	
NAPLES, F				7 6	,							
		<i>:</i>	· /	İ	City A	lade	16		FL	Zip Cod	°34102	
8. The above named entity subprise this distanced for the purpose of changing its registered office or registered agent, or botfl) in the State of Florida. I am famillar with, and accept the obligations of registered agent.												
ME MAIL												
SIGNATURE Signature/syptotic or printed name to registrative or appricable. (NOTE: Registered Apant agriculture required when reprilating) DATE												
Fij Due t	ing Fee by Septen	s \$50.00 nber 7, 2005					2		ra chock payal n Department		,	
9.		MANAGING MEMBEI	RS/MANAGERS	10.				ADDITIONS	/CHANGES	_		
MALE	MGR	ACK, RICHARD	Oelets	TITLE		Mary .	Camarek	Kichard	œ	Change	Addition	
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11. Thereby 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 it made under cert; that I am a managing member or manager of the familied fability company or the receiver of this report as required by Chapter 608. Florida Statutes.												
SIGNATURE: Bullet Jul Bichard Mclormack 09/08/05 784.3154												



Glenda E. Hood Secretary of State

August 30, 2005

MCCORMACK ASSOCIATES, LLC 8502 GLENAGLE WAY NAPLES, FL 34102 US

Subject: MCCORMACK ASSOCIATES, LLC

Reference Number:

L04000080203

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/ms ANNUAL REPORTS SECTION