2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000082380

1. Entity Name

MCGOVERN PLAN REAL ESTATE HOLDINGS, LLC



FILED Jan 28, 2008 08:00 AM Secretary of State

Principal Place of Business

6723 WHITTIER AVE

SUITE 104 MC LEAN, VA 22101 Mailing Address

9401 LAGOVISTA COURT GREAT FALLS, VA 22066



DO NOT WRITE IN THIS SPACE

01152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1888399

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

ANDERSON, PATRICK 930 S. HARBOR CITY BOULEVARD STE. 505 MELBOURNE, FL 32901

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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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

. CDATE.

FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANK J. MCGOVERN PROFIT SHARING PLAN 9401 LAGOVISTA COURT GREAT FALLS, VA 22066	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, .	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. hereby	certify that the information supplied with this filing does not qualify for the ex	

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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: JULIA JULIA TRANSFER FLANCE MANUAL Nº 601/601 1-24-07 703-891-4070
SIGNATURE AND TYPED OR PRINTED MANUACING MEMBER, OR AUTHORIZED REPRESENTATIVE
Date
Dayline Phone 9
Dayline Phone 9