2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2006 8:00 am
Aug 10, 2006 8:00 am Secretary of State
08-10-2006 90042 008 ****50.00

1. Entity Nam	MENT # L04000082 ER L. MCKINNEY, JR., LLC		(08-10-2006	90042 008 ***	'50.00
D. in all all Disc		• 4-95 A-J-J			-	20	052253	
Principal Place of Business 307 PONTOTOC STREET		Mailing Address		1	40	CUAAGU		
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TOBOTINDILE	2,12 33023	7100011107122112 3302					#11 ##101 10110 NOOL CHILLICO	
2. Principal Place of Business		3. Mailing Address						
		Div And division		1 (65)(6) 11) 69 8			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07072006	Chg-LLC	CR2E083 (11/0	5)	
City & State		City & State		4. FEI Numb 20-285			Applied For Not Applicable	
Zip	Country	Zip	Country	у		of Status Desired		Additional
	6. Name and Address of Current	Registered Agent	F		<u></u> _	Address of New F	Fee Requ	ired
		g-mon and righting		Name	ame and		A Property Again	
LASMAN, C/O LASM		H	Street Address (P.O. Box Number is Not Acceptable)					
1210 MILL	ENNIUM PARKWAY		-					
BRANDON	N, FL 33511						-	
				City			FL Zip C	
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its r	registered	d office or registe	ered agent, or bo	th, in the State of Fi	orida. I am familiar w	th, and accept
SIGNATURE .								
0.0.0.0.0	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered A	Agent signature require	ed when reinstating)		DATE	
Fil	Signature, typed or printed name of registered agent ling Fee is \$50.00 by September 6, 2006	and title if applicable. (NOTE:	: Registered A	Agent signature require	ed when reinstating)		DATE Ke check payable to a Department of S	
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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 of rustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Daytime Phone #