


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90226 043 \*\*\*\*50.00

<b>DOCUMENT # L04000090608</b>					
<b>1. Entity Name</b> MCCARTY ROAD, LLC					
<b>Principal Place of Business</b> 621 S.E. CENTRAL PARKWAY STUART, FL 34994			<b>Mailing Address</b> 621 S.E. CENTRAL PARKWAY STUART, FL 34994		
<b>2. Principal Place of Business</b> 1935 Commerce Ln #5		<b>3. Mailing Address</b> 1935 Commerce Ln			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Jupiter FL		<b>City &amp; State</b> Jupiter FL			
<b>Zip</b> 33458	<b>Country</b> USA	<b>Zip</b> 33458	<b>Country</b> USA	<b>4. FEI Number</b> 54-2163661	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> KELLY, GEORGE T IV 621 S.E. CENTRAL PARKWAY STUART, FL 34994			<b>7. Name and Address of New Registered Agent</b>		
			<b>Name</b>		
			<b>Street Address (P.O. Box Number is Not Acceptable)</b>		
			1935 Commerce Lane, Suite 5		
			<b>City</b> Jupiter, FL 33458		<b>FL</b> <b>Zip Code</b>
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR KELLY, IV, GEORGE T. 621 SE CENTRAL PARKWAY STUART, FL 34994		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	1935 Commerce Lane, Suite 5 Jupiter, FL 33458	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE</b> _____			2/27/06		561-743-7381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #