

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093759

FILED
Feb 13, 2009
Secretary of State

Entity Name: MCAFEE, LEFT COAST, JMKHR, LLC

Current Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

New Mailing Address:

P.O. BOX 7219
JACKSONVILLE, FL 322380219 US

FEI Number: 20-2100081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTEGA BUSINESS SERVICES, LLC
554 LOMAX STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

CONTEGA BUSINESS SERVICES, LLC
ONE INDEPENDENT DRIVE
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:

Title: MGR () Delete
Name: MCAFEE, JANE
Address: ONE INDEPENDENT DRIVE, SUITE 1200
City-St-Zip: JACKSONVILLE, FL 32202 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCAFEE, JANE
Address: P.O. BOX 7219
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

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date