

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90088 041 ****50.00

DOCUMENT # L05000060483	
1. Entity Name NEEKO-MCKINLEY, LLC	



Principal Place of Business 1726 7TH AVE SUITE 22 TAMPA, FL 33605	Mailing Address PO BOX 89230 TAMPA, FL 33609
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20006057



2. Principal Place of Business		3. Mailing Address 1726 7th Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 22	
City & State		City & State Tampa, FL	
Zip	Country	Zip	Country
33605	US	33605	US

01122006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2988050	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent INDEPENDENT EXECUTIVE MANAGEMENT, LLC 1726 7TH AVE SUITE 22 TAMPA, FL 33605		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INDEPENDENT EXECUTIVE MANAGEMENT, LLC 3001 N. ROCKY POINT DRIVE EAST, STE 200 TAMPA, FL 33607 Address is 1726 7th Ave. Suite 22 Tampa, FL 33605	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Marco Caporale **1/13/06** **813-241-6800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #