

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066090

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: MCBRIDE WOODBRIDGE MARKETING LLC

**Current Principal Place of Business:**

150 COCONUT DRIVE, SUITE 202  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

150 COCONUT DRIVE, SUITE 202  
INDIALANTIC, FL 32903

**New Mailing Address:**

FEI Number: 20-3016413

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLAIRE SUZANNE MCBRIDE  
412 PORT ROYAL BLVD.  
SATELLITE BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MICHAEL NOLAN MCBRID, E  
Address: 412 PORT ROYAL BLVD.  
City-St-Zip: SATELLITE BEACH, FL 39237

Title: MGRM ( ) Delete  
Name: WOODBRIDGE, K. AMELIA  
Address: 365 WILSON AVENUE  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGRM ( ) Delete  
Name: ZAVALLA, ANDREW A  
Address: 1909 SLONE BLVD.  
City-St-Zip: MELBOURNE, FL 32935

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: EICKMANN, ROBERT  
Address: 379 CYPRESS POINT DRIVE  
City-St-Zip: MELBOURNE, FL 32940

Title: CFO ( ) Change (X) Addition  
Name: MCBRIDE, CLAIRE S  
Address: 150 COCONUT DRIVE #202  
City-St-Zip: INDIALANTIC, FL 32903

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: MICHAEL N. MCBRIDE

MGRM

01/15/2009

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