## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## DOCUMENT # L05000071254

1. Entity Name
MCGREENCOVE, LLC



FILED Jan 18, 2007 08:00 AM Secretary of State

Principal Place of Business

C/O SILVERFIELD/CRANFORD R.E SVCS. 4141 SOUTHPOINT BLVD. EAST, SUITE B JACKSONVILLE, FL 32216 Mailing Address

C/O SILVERFIELD/CRANFORD R.E SVCS. 4141 SOUTHPOINT BLVD. EAST, SUITE B JACKSONVILLE, FL 32216



01152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 35-2259246 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRANFORD, JAMES A SILVERFIELD/CRANFORD COMMERCIAL 4141 SOUTHPOINTE DR. E. STE. B JACKSONVILLE, FL 32216

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	ions of registered agent.  Names a Chaffel James R. Cyc	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept   Agent signature required when reinstating)  DATE
Filing Fee is \$50.00 Due by May 1, 2007		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  MGRM  CRANFORD, JAMES A III  4141 SOUTHPOINT BLVD. E, SUITE B  JACKSONVILLE, FL 32216	U00000591505 01/19/07-80026-012 50.00
NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, MICHELLE 4141 SOUTHPOINT BLVD. E, SUITE B JACKSONVILLE, FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		.,
TITLE NAME		

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.

CICNIATUDE.

STREET ADDRESS CITY-ST-ZIP

Jana Crufol

James A Cranford

1/12/40