

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086015

Entity Name: EARL MCKINNEY JR. LLC

FILED
Feb 02, 2007
Secretary of State

Current Principal Place of Business:

7330 N. US 1 #104
PORT ST. JOHN, FL 32927 US

Current Mailing Address:

7330 N. US 1 #104
PORT ST. JOHN, FL 32927 US

New Principal Place of Business:

7330 N. US 1
#104
PORT ST. JOHN, FL 32927 US

New Mailing Address:

7330 N. US 1
#104
PORT ST. JOHN, FL 32927 US

FEI Number: 20-3416905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKINNEY, EARL O JR
7330 N. US 1 #104
PORT ST. JOHN, FL 32927 US

Name and Address of New Registered Agent:

MCKINNEY, EARL O JR
13319 BRIAR FOREST CT.
ORLANDO, FL 32828 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:

02/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCKINNEY, EARL O JR
Address: 7330 N. US 1 #104
City-St-Zip: PORT ST. JOHN, FL 32927 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCKINNEY, EARL O JR
Address: 13319 BRIAR FOREST CT.
City-St-Zip: ORLANDO, FL 32828 US

Title: MGRM () Change (X) Addition
Name: MCKINNEY, HANS P
Address: 7330 N. US 1 #104
City-St-Zip: COCOA, FL 32927 US

I hereby certify that the information supplied with this filing does not qualify for the 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: EARL O. MCKINNEY JR.

MGRM

02/02/2007

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