2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092752

Entity Name: MCAFEE 210, LLC

Address:

City-St-Zip:

FILED Apr 13, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1008 PARK AVE. ORANGE PARK, FL 32073				140 GATEWAY CIRCLE SUITE 4 JACKSONVILLE, FL 32259 US			
Current Mailing Address:				New Mailing Address:			
1008 PARK AVE. ORANGE PARK, FL 32073				1008 PARK AVENUE ORANGE PARK, FL 32073 US			
FEI Number: 20-350	00233 FE	l Number Applied For()	FEI Number Not	Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
INTREPID REGIS ONE INDEPEND SUITE 1200 JACKSONVILLE	ENT DRIVE	ENT SERVICES, LLC JS					
The above name in the State of Flo		its this statement for the pu	rpose of changi	ng its registered	office or registered agent, or bo	th,	
SIGNATURE:							
_	Electronic Si	gnature of Registered Agen	t		Date		
MANAGING MEMBERS/MANAGERS:			ADDITIO	ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	() Delet	re	Title: Name: Address: City-St-Z	MCAFEE, RO 1008 PARK A			
Title: Name: Address: City-St-Zip:	() Delet	re	Title: Name: Address: City-St-Z	ANN, MCAFE 1008 PARK A			
Title: Name: Address: City-St-Zip:	() Delet	re	Title: Name: Address: City-St-Z	MCAFEE, MA ONE INDEPE) Change (X) Addition TTHEW S NDENT DRIVE, SUITE 1200 LE, FL 32202 US		
Title: Name: Address: City-St-Zip:	() Delet	e	Title: Name: Address: City-St-Z	MCAFEE, MIC 1008 PARK A			
Title: Name:	() Delet	re	Title: Name:	MGR (MILLER, NAT)Change(X)Addition HAN		

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.

Address:

City-St-Zip:

140 GATEWAY CIRCLE, SUITE 4

JACKSONVILLE, FL 32259 US

SIGNATURE: ROBERT S. MCAFEE MGR 04/13/2006