


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90376 042 ****50.00

DOCUMENT # L05000123020																																																																																																																																																											
1. Entity Name MCCURRY CAPITAL, LLC																																																																																																																																																											
Principal Place of Business 1301 RIVERPLACE BOULEVARD STE 1500 JACKSONVILLE, FL 32207			Mailing Address 1301 RIVERPLACE BOULEVARD STE 1500 JACKSONVILLE, FL 32207																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # 11645 Beach Boulevard		3. Mailing Address 11645 Beach Boulevard																																																																																																																																																									
Suite, Apt. #, etc. #200		Suite, Apt. #, etc. #200																																																																																																																																																									
City & State Jacksonville, FL		City & State Jacksonville, FL																																																																																																																																																									
Zip 32246	Country	Zip 32246	Country	04122007 Chg-LLC CR2E083 (12/06)																																																																																																																																																							
6. Name and Address of Current Registered Agent MICKLER, ROBERT 1301 RIVERPLACE BOULEVARD STE 1500 JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name <u>Pamela S. Stefansen</u> Street Address (P.O. Box Number is Not Acceptable) 11645 Beach Boulevard, Suite 200 City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32246</u>																																																																																																																																																							
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 <u>Pamela S. Stefansen</u> DATE <u>4/25/07</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																											
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 2px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 2px;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">Pamela S. 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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: <u>Pamela S. Stefansen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <u>PAMELA S. STEFANSEN, MANAGER</u>				Date <u>4/25/07</u> Daytime Phone # <u>(904) 645-6555</u>																																																																																																																																																							