


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90207 047 ***138.75

DOCUMENT # L05000123020	
1. Entity Name MCCURRY CAPITAL, LLC	

Principal Place of Business 11645 BEACH BLVD STE 200 JACKSONVILLE, FL 32246	Mailing Address 11645 BEACH BLVD STE 200 JACKSONVILLE, FL 32246
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60012654



2. Principal Place of Business - No P.O. Box # 4417 BEACH BLVD.	3. Mailing Address SAME
Suite, Apt. #, etc. STE 200	Suite, Apt. #, etc.

01082008 Chg-LLC CR2E083 (12/06)

City & State JACKSONVILLE, FL	City & State
Zip 32207	Country

4. FEI Number 20-4003390	Applied For Not Applicable
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6. Name and Address of Current Registered Agent STEFANSEN, PAMELA 11645 BEACH BLVD STE 200 JACKSONVILLE, FL 32246	
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4417 BEACH BLVD. STE 200 City JACKSONVILLE FL Zip Code 32207	
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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> PAMELA S. STEFANSEN 2/15/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEFANSEN, PAMELA S 11645 BEACH BLVD STE 200 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4417 BEACH BLVD STE 200 JACKSONVILLE FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICKLER, ROBERT O 1301 RIVERPLACE BLVD #1500 JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADFORD, SHERYL P 11645 BEACH BLVD STE 200 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4417 BEACH BLVD STE 200 JACKSONVILLE FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR KELLY E. LANEY 4417 BEACH BLVD STE 200 JACKSONVILLE FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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> PAMELA S. STEFANSEN 2/15/08 (904) 398-6036 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #