


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90435 011 ****50.00

DOCUMENT # L06000072164 1. Entity Name MCCORD PROPERTIES, LLC					
Principal Place of Business 19800 NALLE ROAD NORTH FT. MYERS, FL 33917			Mailing Address 19800 NALLE ROAD NORTH FT. MYERS, FL 33917		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 21-8465166 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02192007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BRUGGER, JOHN N 600 FIFTH AVENUE SOUTH, SUITE 207 NAPLES, FL 34102			7. Name and Address of New Registered Agent Name JAMES M MCCORD Street Address (P.O. Box Number is Not Acceptable) 19800 Nalle Rd City N.F.T. MYERS FL Zip Code 33917		
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><i>James M McCord</i></u> DATE <u><i>March 30, 07</i></u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing))</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCORD, JAMES M 19800 NALLE ROAD NORTH FT. MYERS, FL 33917	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 808, Florida Statutes.					
SIGNATURE: <u><i>James M McCord</i></u> <u><i>James M. McCord</i></u>				Date <u><i>March 30, 07</i></u> Daytime Phone # <u><i>2395431157</i></u>	