2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

05-02-2007 90354 036 ****50.00

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1. Entity Name
MCHENRY, L.L.C.

Principal Place of Business	Mailing Address
~~7467 CYPRESS BEND MANOR~~ VERO BEACH, FL 32966 3175 Sussex Way	~~7467 CYPRESS BEND MANOR~~ VERO BEACH, FL 32966 3175 Sussex Way

04302007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3175 Sussex Way		3175 Sussex Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Vero Beach Fl		City & State: Vero Beach, Fl	
Zip: 32966	Country	Zip: 32966	Country

4. FEI Number 20-6588373 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MCHENRY, EDWARD R JR.
~~7467 CYPRESS BEND MANOR~~
VERO BEACH, FL 32966

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable) 3175 Sussex Way
City **FL** Zip Code

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 MCHENRY, JONATHAN R 7467 CYPRESS BEND MANOR VERO BEACH, FL 32966	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 3175 Sussex Way	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: E.R. McHenry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #