# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 08, 2008 8:00 am**
**Secretary of State**
01-09-2008 90021 013 ***138.75

DOCUMENT # L07000007052

1. Entity Name
MCCORD REALTY, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 3209 REMINGTON RUN<br>TALLAHASSEE, FL 32312-1461 | P.O. BOX 182889<br>TALLAHASSEE, FL 32318-0025 |

01082008 Chg-LLC CR2E083 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 1305 Rachel Lane | P.O. Box 14919 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Tallahassee, FL | City & State: Tallahassee, FL |
| Zip: 32308 Country: US | Zip: 32317 Country: US |

4. FEI Number 20-8954750 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PIERCE, ROBERT A<br>227 SOUTH CALHOUN STREET<br>TALLAHASSEE, FL 32301-1805 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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)

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Member<br>Fred L. McCord<br>1305 Rachel Lane<br>Tallahassee, FL 32308<br>☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Fred L. McCord<br>1305 Rachel Lane<br>Tallahassee, FL 32308<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Robert A. Pierce<br>227 S. Calhoun Street<br>Tallahassee, FL 32301<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Robert A. Pierce Member<br>227 S. Calhoun St.<br>Tallahassee, FL 32301<br>☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>H. Palmer Proctor<br>227 S. Calhoun Street<br>Tallahassee, FL 32301<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | H. Palmer Proctor Member<br>227 S. Calhoun St.<br>Tallahassee, FL 32301<br>☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| 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:** Fred L. McCord 1/8/08 850-662-2219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #