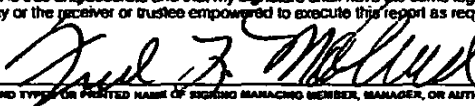


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 3209 REMINGTON RUN TALLAHASSEE, FL 32312-1461		Mailing Address P.O. BOX 182889 TALLAHASSEE, FL 32318-0025																							
2. Principal Place of Business - No P.O. Box # 1305 Rachel Lane Suite, Apt. #, etc.		3. Mailing Address P.O. Box 14919 Suite, Apt. #, etc.																							
City & State Tallahassee, FL		City & State Tallahassee, FL																							
Zip 32308		Zip 32317																							
Country US		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 PIERCE, ROBERT A 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301-1805		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																									
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75		Make check payable to Florida Department of State																							
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE Member NAME Fred L. McCord STREET ADDRESS 1305 Rachel Lane CITY-ST-ZIP Tallahassee, FL 32308 </td> <td style="width:50%; padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME Robert A. Pierce STREET ADDRESS 227 S. Calhoun St. CITY-ST-ZIP Tallahassee, FL 32301 </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME H. Palmer Proctor STREET ADDRESS 227 S. Calhoun St. CITY-ST-ZIP Tallahassee, FL 32301 </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> </table>		TITLE Member NAME Fred L. McCord STREET ADDRESS 1305 Rachel Lane CITY-ST-ZIP Tallahassee, FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME Robert A. Pierce STREET ADDRESS 227 S. Calhoun St. CITY-ST-ZIP Tallahassee, FL 32301	☐ Delete	TITLE NAME H. Palmer Proctor STREET ADDRESS 227 S. Calhoun St. CITY-ST-ZIP Tallahassee, FL 32301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE MGRM NAME Fred L. McCord STREET ADDRESS 1305 Rachel Lane CITY-ST-ZIP Tallahassee, FL 32308 </td> <td style="width:50%; padding: 2px;"> ☒ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE MGRM NAME Robert A. Pierce STREET ADDRESS 227 S. Calhoun Street CITY-ST-ZIP Tallahassee, FL 32301 </td> <td style="padding: 2px;"> ☐ Change ☒ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE MGRM NAME H. Palmer Proctor STREET ADDRESS 227 S. Calhoun Street CITY-ST-ZIP Tallahassee, FL 32301 </td> <td style="padding: 2px;"> ☐ Change ☒ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> </table>		TITLE MGRM NAME Fred L. McCord STREET ADDRESS 1305 Rachel Lane CITY-ST-ZIP Tallahassee, FL 32308	☒ Change ☐ Addition	TITLE MGRM NAME Robert A. Pierce STREET ADDRESS 227 S. Calhoun Street CITY-ST-ZIP Tallahassee, FL 32301	☐ Change ☒ Addition	TITLE MGRM NAME H. Palmer Proctor STREET ADDRESS 227 S. Calhoun Street CITY-ST-ZIP Tallahassee, FL 32301	☐ Change ☒ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: 		Date: 1/8/08 850-562-2219																							