2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L07000021670

Entity Name: MCKINNIE FUNERAL HOME, LLC

Current Principal Place of Business:

5304 BOWDEN HILL ROAD
CAMPBELLTON, FL 32426

New Principal Place of Business:

Current Mailing Address:

5304 BOWDEN HILL ROAD
CAMPBELLTON, FL 32426

New Mailing Address:

FEI Number: 20-8517875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKINNIE, PHILLIP S CPA
10 PLYMOUTH PLACE
MAPLEWOOD, NJ, FL 07040 US

Name and Address of New Registered Agent:

MCKINNIE, PHILLIP S CPA
2667 COMMUNITY LANE
CAMPBELLTON, FL 32426 US

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.

SIGNATURE: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	MCKINNIE, MATTHEW C SR.	
Address:	2667 COMMUNITY LANE	
City-St-Zip:	CAMPBELLTON, FL 32426	
Title:	MGM	( ) Delete
Name:	MCKINNIE, ALEX B	
Address:	5308 BOWDEN HILL ROAD	
City-St-Zip:	CAMPBELLTON, FL 32426	
Title:	MGR	( ) Delete
Name:	MCKINNIE, ADRIENNE	
Address:	2665 COMMUNITY LAND	
City-St-Zip:	CAMPBELLTON, FL 32426	
Title:	MGR	( ) Delete
Name:	MCKINNIE, PHILLIP S	
Address:	10 PLYMOUTH PLACE	
City-St-Zip:	MAPLEWOOD, NJ 07040	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PHILLIP S MCKINNIE MGR 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date