

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jun 17, 2008 8:00 am
Secretary of State

06-02-2008 90259 017 ***138.75

DOCUMENT # L07000038842

1. Entity Name
MCMAWAKAKIR MANAGEMENT, LLC



Principal Place of Business
**100 EXECUTIVE WAY
SUITE 206
PONTE VEDRA BEACH FL 32082
US**

Mailing Address
**100 EXECUTIVE WAY
SUITE 206
PONTE VEDRA BEACH FL 32082
US**

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip Country



1st MOORE CR2E083 (10/07)

4. FEI Number
770681093

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRABTREE, R R
8777 SAN JOSE BLVD.
JACKSONVILLE FL 32217**

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 _____ DATE _____

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VERGNOLLE, ROBERT R JR. 100 EXECUTIVE WAY, SUITE 206 PONTE VEDRA BEACH FL 32082	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VERGNOLLE, KATHLEEN M 100 EXECUTIVE WAY, SUITE 206 PONTE VEDRA BEACH FL 32082	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 Section 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: **4/30/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE