FILED
Jun 02, 2008 8:00 am
Secretary of State
03-27-2008 90084 032 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/27

DOCUMENT # L07000042894

1. Entity Name
MCGEE HOLDINGS, LLC

Principal Place of Business	Mailing Address
~~2723~~ 2725 LUCY LANE FT PIERCE, FL 34981	2723 LUCY LANE FT PIERCE, FL 34981

03182008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
~~2723~~ 2725 Lucy Lane	~~2723~~ 2725 Lucy Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Pierce, Fl	City & State: Ft. Pierce, Fl.
Zip: 34981 Country: USA	Zip: 34981 Country: USA

4. FEI Number: 26-0283599 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCGEE, CHARLES S
~~2723~~ 2725 LUCY LANE
FT PIERCE, FL 34981

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	Managing Member Travis McGee 5615 Cassia Dr Ft. Pierce Fl. 34982	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Charles S. McGee 2725 Lucy Lane Ft. Pierce Fl. 34981	☐ 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 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: [signature] Charles S McGee 3/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #