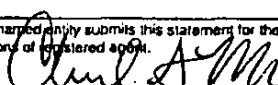
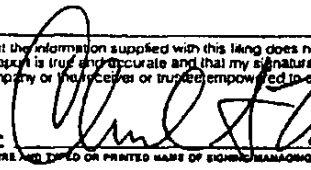


2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

3/ FILED
Jun 02, 2008 8:00 am
Secretary of State

03-27-2008 90084 031 ***138.75

DOCUMENT # L07000042917			
1. Entry Name MCGEE PROFESSIONAL PROPERTIES, LLC			
Principal Place of Business 905 WAGNER PALCE FT. PIERCE, FL 34982		Mailing Address 905 WAGNER PALCE FT. PIERCE, FL 34982	
2. Principal Place of Business - No P.O. Box # 905 Wagner Place		3. Mailing Address 905 Wagner Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Pierce, FL		City & State Ft. Pierce, FL	
Zip 34982		Zip 34982	
Country USA		Country USA	
4. FEI Number 26-0283673		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGEE, CHARLES SCOTT 905 WAGNER PALCE FT. PIERCE, FL 34982		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 		Manager 5-1-08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
B. MANAGING MEMBERS/MANAGERS		C. ADDITIONS/CHANGES	
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	☐ Change ☐ Addition
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	☐ 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
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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: 		Charles S. McGee 3/2/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30008449



03182008 Chg-LLC CR2E083 (12/06)