


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90019 029 \*\*\*538.75

DOCUMENT # L08000000266			
1. Entity Name MCCAFFERTY REALTY, LLC			
Principal Place of Business 1515 NORTH FEDERAL HIGHWAY #300 BOCA RATON, FL 33432		Mailing Address 1515 NORTH FEDERAL HIGHWAY #300 BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box # 7251 W. PALMETTO PARK RD		3. Mailing Address 3000 S. OCEAN BLVD	
Suite, Apt. #, etc. SUITE 203		Suite, Apt. #, etc. # 1205	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33433	Country USA	Zip 33432	Country USA
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		05042008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent MCCAFFERTY, MARY E 3000 S. OCEAN BLVD. #1205 BOCA RATON, FL 33432		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 <u>Mary E McCafferty</u> DATE <u>5-01-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCAFFERTY, MARY E 3000 E. OCEAN BLVD. #1205Y #300 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCAFFERTY, MARY E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3000 S. OCEAN BLVD #1205 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Mary E McCafferty</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>5-01-08</u> Daytime Phone # <u>313-999-7474</u>	

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