

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

<b>DOCUMENT # L08000000266</b>			
1. Entity Name <b>MCCAFFERTY REALTY, LLC</b>			
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 # <b>7251 W. PALMETTO PARK RD</b>		3. Mailing Address <b>3000 S. OCEAN BLVD</b>	
Suite, Apt. #, etc. <b>SUITE 203</b>		Suite, Apt. #, etc. <b># 1205</b>	
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>	
Zip <b>33433</b>	Country <b>USA</b>	Zip <b>33432</b>	Country <b>USA</b>
4. FEI Number <b>05042008</b>		Chg-LLC <b>CR2E083 (12/06)</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MCCAFFERTY, MARY E 3000 S. OCEAN BLVD. #1205 BOCA RATON, FL 33432</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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><i>Mary E McCafferty</i></u> DATE <u><b>5-01-08</b></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MCCAFFERTY, MARY E 3000 E. OCEAN BLVD. #1205Y #300 BOCA RATON, FL 33432</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MCCAFFERTY, MARY E 3000 S. OCEAN BLVD #1205 BOCA RATON, FL 33432</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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><i>Mary E McCafferty</i></u>		Date <u><b>5-01-08</b></u> Daytime Phone # <u><b>313-999-7474</b></u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

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