

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004497

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: MCCANN GREENLIGHT MASTERS QUALIFIED LLC

**Current Principal Place of Business:**

1700 SOUTH MACDILL AVENUE, STE 360  
TAMPA, FL 336295128

**New Principal Place of Business:**

**Current Mailing Address:**

1700 SOUTH MACDILL AVENUE, STE 360  
TAMPA, FL 336295128

**New Mailing Address:**

FEI Number: 26-1835438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALTUCH, ROBERT H  
501 E. KENNEDY BLVD STE 1700  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

WALTUCH, ROBERT H  
100 S. ASHLEY DRIVE  
SUITE 1500  
TAMPA, FL 33602 US

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.

SIGNATURE:

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LYNCH, SCOTT  
Address: 1700 SOUTH MACDILL AVENUE, STE 360  
City-St-Zip: TAMPA, FL 336295128

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: CULVERHOUSE, JOY M  
Address: 1700 S. MACDILL AVE., SUITE 360  
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT LYNCH

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date