

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006568

Entity Name: MCKENZIE PARK LLC

FILED
Jun 08, 2009
Secretary of State

Current Principal Place of Business:

6500 HWY. 441 SE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

6500 HWY. 441 SE
OKEECHOBEE, FL 34974

New Mailing Address:

FEI Number: 26-1605496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MIKOVSKY, GLENDA T
6500 HWY. 441 SE
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NAUMANN, THEODORE
Address: 6500 HWY. 441 SE
City-St-Zip: OKEECHOBEE, FL 34974

Title: MGRM () Delete
Name: MIKOVSKY, GLENDA T
Address: 6500 HWY. 441 SE
City-St-Zip: OKEECHOBEE, FL 34974

Title: MGRM () Delete
Name: BOSTICK, CHARLIE
Address: 6500 HWY. 441 SE
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES:

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

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

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

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: THEODORE NAUMANN

MGRM

06/08/2009

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