2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045675

Address:

City-St-Zip:

Entity Name: MC PINES AT BARNES CROSSING, LLC

FILED Apr 02, 2009 Secretary of State

Current Principal I	Place of Business:	New Principal Place of Business:			
5401 WEST KENNE TAMPA, FL 33609	EDY BLVD., SUITE 751				
Current Mailing Address:		New Mailing Address:			
5401 WEST KENNEDY BLVD., SUITE 751 TAMPA, FL 33609		P. O. BOX 23887 TAMPA, FL 33623			
FEI Number: 26-25707	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()		
Name and Address	s of Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
TAMPA, FL 33609	EDY BLVD., SUITE 751 US Intity submits this statement for the	purpose of changing	its registered office or registered agent, or bo	oth	
SIGNATURE:					
	ectronic Signature of Registered Ag	ent	Date	_	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	PRES () Change (X) Addition MCNEEL, CLAYTON W 5401 W. KENNEDY BLVD. #751 TAMPA, FL 33609		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MGR () Change (X) Addition WOOD, RENE M 5401 W. KENNEDY BLVD., #751 TAMPA, FL 33609		
Title: Name:	() Delete	Title: Name:	MGR () Change (X) Addition BURNS, DAVID A		

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.

Address:

City-St-Zip: TAMPA, FL 33609

5401 W. KENNEDY BLVD.,#751

SIGNATURE: CLAYTON W. MCNEEL PRES 04/02/2009