2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L08000096049

Entity Name: MCNEAL & SAINI, P.L.

Current Principal Place of Business:

4207 NW 31ST TERRACE
GAINESVILLE, FL 32605

New Principal Place of Business:

527 E. UNIVERSITY AVENUE
GAINESVILLE, FL 32601

Current Mailing Address:

4207 NW 31ST TERRACE
GAINESVILLE, FL 32605

New Mailing Address:

527 E. UNIVERSITY AVENUE
GAINESVILLE, FL 32601

FEI Number: 36-4642072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCNEAL, KELLY R
4207 NW 31ST TERRACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

MCNEAL, KELLY R
527 E. UNIVERSITY AVENUE
GAINESVILLE, FL 32601 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: 04/23/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MCNEAL, KELLY R
Address: 4207 NW 31ST TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM ( ) Delete
Name: SAINI, VIKRAM J
Address: 3735 NW 7TH AVE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MCNEAL, KELLY R
Address: 527 E. UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32601

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: KELLY R. MCNEAL MGRM 04/23/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date