2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L99000000263

1. Entity Name

CITY - ST - 71P

MCKAY FAMILY L.L.C.

Principal Place of Business

Mailing Address

6445 ANTHONY DRIVE

6445 ANTHONY DRIVE

HAMILTON	OH 45011		HAMILTON	AMILTON OH 45011										
2. Principal P	lace of Busin	dress				"	24 11 2 11 212 12 11		38 68 88	143 MM119 SIMIN CIINN				
Suite, Apt. #, etc.				Suite, Apt. #, otc.					1st MOORE CR2E083 (10/06)					
City & State				City & State			4. FEI Num	ber 65 -	089512	22		plied For		
Zip		Country		Zìp Count			ry		Cortificate of Status Desired					ditional
6. Name and Address of Current Registered Agent									7 Name an	d Address	of New	Registered		
SCHULMAN, BENJAMIN							7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)							
STE	10 SHERII E 202B LLYWOO	DAN ST D FL 33021	i	i										
			City					Fl						
	named entiti ions of regist	submits this statem ered agent.	ent for the	purposo of	changing its r	registore	d office or	rogistoro	ed agent, or b	oth, in the	Stato of F	lorida I am	n familiar with,	and accopt
SIGNATURE .	Signature, lyned	or printed name of registered	d ageril and til	lki il applicable.	Ageni signatu	e redukad v	when reinstating)			DATE	•			
						e to Flo By Ma	•	artmen	t of State					
9.	,	MANAGING MI	EMBERS/	S/MANAGERS 10.						Αl	DDITIONS	/CHANGE	S	
NAME STREET ADDRESS CITY-ST-ZIP	6445 ANT	NEVILLE ROY HONY DRIVE N OH 45011			Polete		T ADDRESS ST-71P					52 7949 80081-0	□ Change 016 50.0	Addition
THLE NAME STREET ADDRESS CHY-S1-ZIP] Delete	TITLE NAME STREE CITY:	I ADDRESS						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP] Delele		TADDRESS ST-71P						Change	☐ Addition
NAME STREET ADDRESS CITY-S1-ZIP					Delete	DITLE. NAME STREE CITY-	LADDRESS			·	•		Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			·		Delete	TITLE NAME STREE CITY-1	T ADDRESS ST-71P			•		. , , , , , d d 2 d 2 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d	Change	☐ Addition
TITEL: NAME STREET ADDRESS					Delele	JITLE NAME STREE	LADDRESS				•		☐ Change	Addition

CITY-ST-7IP

11. I horoby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

FILED

Feb 08, 2007 08:00 Al Secretary of State