FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90756 009 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000263

1. Entity Name
MCKAY FAMILY L.L.C.

30066992

Principal Place of Business	Mailing Address
1001 BEACH ROAD EAST TOWER, APT 103 SARASOTA, FL 34242	1001 BEACH ROAD EAST TOWER, APT 103 SARASOTA, FL 34242

2. Principal Place of Business	3. Mailing Address
6445 Anthony Drive	6445 Anthony Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hamilton, OH	City & State: Hamilton, OH
Zip: 45011 — Country: Butler	Zip: 45011 — Country: Butler

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0895122 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULMAN, BENJAMIN
4330 SHERIDAN ST
STE 202B
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	Manager ☒ Change ☐ Addition
NAME	MCKAY, NEVILLE ROY	NAME	MCKAY, NEVILLE ROY
STREET ADDRESS	1001 BEACH ROAD, APT. B103 EAST TOWER	STREET ADDRESS	6445 Anthony Drive
CITY-ST-ZIP	SARASOTA, FL 34242	CITY-ST-ZIP	~~Hamilton, OH 45011~~
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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: Neville Roy McKay MANAGER 4/27/2003.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #