


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90120 041 ***138.75

| | |
|---|---|
| DOCUMENT # L99000002877 |  |
| 1. Entity Name MCKENZIE PROPERTIES OF MANATEE, L.C. | |

| | |
|---|---|
| Principal Place of Business 611 MANATEE AVE. EAST BRADENTON, FL 34208 <i>15311 27th Ct. E. PARRISH, FL 34219</i> | Mailing Address 611 MANATEE AVE. EAST BRADENTON, FL 34208 <i>15311 27th Ct. E. PARRISH, FL 34219</i> |
| 2. Principal Place of Business - No P.O. Box # <i>15311 27th Ct. E.</i> | 3. Mailing Address <i>15311 27th Ct. E.</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

60002775



01142008 Chg-LLC CR2E083 (12/06)

| | | | |
|-----------------------------------|-----------------------------------|---|--|
| City & State PARRISH FL | City & State PARRISH FL | 4. FEI Number 65-0920314 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 34219 | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent MCKENZIE, ROY D 611 MANATEE AVE. EAST BRADENTON, FL 34208 <i>15311 27th Ct. E. PARRISH, FL 34219</i> | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MCKENZIE, ROY D 13507 2 AVE., NE BRADENTON, FL 34202 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: *Roy D. McKenzie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ROY D. MCKENZIE 1-17-08 941-776-0005