

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

|  |  |
|--|--|
| <b>DOCUMENT # L99000007900</b>   |  |
| 1. Entity Name<br>MC GINNIS, YOUNG & ASSOCIATES, L.L.C.                  |  |
| Principal Place of Business<br>1650 BARRETT DRIVE<br>ROCKLEDGE, FL 32955 | Mailing Address<br>1650 BARRETT DRIVE<br>ROCKLEDGE, FL 32955 |



03232004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3636241

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MCGINNIS, HOWARD W  
1650 BARRETT DRIVE  
ROCKLEDGE, FL 32955

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MCGINNIS, HOWARD<br>3125 TREETOP DR.<br>TITUSVILLE, FL 32780 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>YOUNG, HARRY D<br>1555 MAGNOLIA ST. NE<br>PALM BAY, FL 32905 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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05/04/04-80100-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(j), 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:**

*Signature and typed or printed name of signing managing member, or authorized representative*

*Harry D. Young*

Date

Daytime Phone #

04/30/04

321-632-7530