

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002885

FILED
Apr 10, 2009
Secretary of State

Entity Name: MCCORMICK COMMUNICATIONS LLC

Current Principal Place of Business:

618 US HIGHWAY 1
SUITE 400
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

618 US HIGHWAY 1
SUITE 400
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 52-2366613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYANT, PETER
618 US HIGHWAY 1
SUITE 400
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRYANT, PETER
Address: 618 US HIGHWAY 1
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: BRYANT, PETER
Address: 618 US HIGHWAY 1
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VICE () Change (X) Addition
Name: BRYANT, MARION
Address: 618 US HIGHWAY ONE SUITE 400
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: SEC () Change (X) Addition
Name: COON, ROBIN L
Address: 618 US HWY ONE SUITE 400
City-St-Zip: NORTH PALM BEACH, FL 33408

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: ROBIN COON

SEC

04/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date