## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M04000000534**

1. Entity Name

THE MCKINLEY GROUP OF FLORIDA, LLC



Principal Place of Business

ATTN: GERALD ROBINSON ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202 Mailing Address

ATTN: GERALD ROBINSON ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202

## FILED Apr 25, 2007 08:00 All Secretary of State



04162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2437142

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

		<u> </u>
8. The above the obligat	named entity submits this statement for the purpose of cha ions of registered agent.	anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_		
0.4	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)  DATE
8. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  Superluse, hyead or printed name of registered agent and title if applicable (NOTE Registered Agent suprature required when remetabing)  DATE  PILING Foe is \$50.00 Due by May 1, 2007  9. MANAGING MEMBERS/MANAGERS  TITLE NAME SIREET ADDRESS CITY-ST-2P  MGR WEBB, MICHAEL J ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202  DO NOT WRITE INTEL SIREET ADDRESS CITY-ST-2P  DO NOT WRITE IN THIS SPACE		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	VS	i ·
NAME	HOLLAND, GREGORY	
STREET ADDRESS	ONE INDEPENDENT DRIVE	Haanaana
CITY-SI-ZIP	JACKSONVILLE, FL 32202	0900001723604 05700707 00074 040 50 00
TITLE	MGR	05/08/07-80044-018 50.00
NAME	WEBB, MICHAEL J	
STREET ADDRESS	ONE INDEPENDENT DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
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NAME		
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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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

ENTATIVE

904-360-2704

Daytime Pho