2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State
03-07-2008 90227 009 ***138.75

DOCUMENT # M04000000534

1. Entity Name
THE MCKINLEY GROUP OF FLORIDA, LLC

60013259

Principal Place of Business	Mailing Address
ATTN: GERALD ROBINSON ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	ATTN: GERALD ROBINSON ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
One Independent Dr		One Independent	
Suite, Apt. #, etc. Suite 800		Suite, Apt. #, etc. Suite 800	
City & State Jacksonville, FL		City & State Jacksonville, Fl	
Zip 32202	Country USA	Zip 32202	Country USA

02152008 Chg-LLC CR2E083 (12/06)

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

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 $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	VS HOLLAND, GREGORY ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	One Independent Dr. Suite 800	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBB, MICHAEL J ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	One Independent Dr. Suite 800	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 2-28-08 904-360-2704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #