

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000003785

1. Entity Name
THE MCKINNON, LLC



Principal Place of Business
**21950 HOOVER ROAD
WARREN, MI 48089-3778**

Mailing Address
**21950 HOOVER ROAD
WARREN, MI 48089-3778**



02242008 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3017583

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COX, JAMES C
3709 WOODLAKE DRIVE
BONITA SPRINGS, FL 34134**

**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 re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**000000451088
03/10/06-80035-006 55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DECKER, JAMES
21950 HOOVER ROAD
WARREN, MI 480893778**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: *James E. Decker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/24/06 *(800) 785-7033*
Date Daytime Phone If