2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# M05000006074

Entity Name: MCKINLEY MORTGAGE, LLC

Current Principal Place of Business:

9825 KENWOOD ROAD
SUITE 203
CINCINNATI, OH 45242

New Principal Place of Business:

4520 COOPER ROAD
SUITE 101
CINCINNATI, OH 45242

Current Mailing Address:

9825 KENWOOD ROAD
SUITE 203
CINCINNATI, OH 45242

New Mailing Address:

4520 COOPER ROAD
SUITE 101
CINCINNATI, OH 45242

FEI Number: 31-1575185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM ( ) Delete
Name: MALOTT, JAMES
Address: 9825 KENWOOD ROAD, SUITE 203
City-St-Zip: CINCINNATI, OH 45242

Title: MGRM ( ) Delete
Name: LUCK, PAUL V
Address: 9825 KENWOOD ROAD, SUITE 203
City-St-Zip: CINCINNATI, OH 45242

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MALOTT, JAMES
Address: 4520 COOPER ROAD SUITE 101
City-St-Zip: CINCINNATI, OH 45242

Title: MGRM (X) Change ( ) Addition
Name: LUCK, PAUL V
Address: 4520 COOPER ROAD SUITE 101
City-St-Zip: CINCINNATI, OH 45242

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: JIM MALOTT MGRM 04/14/2009

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