

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000001795



1. Entity Name
MCBH ENGINEERS, PLLC

FILED
Aug 11, 2008 08:00 AM
Secretary of State

Principal Place of Business
3808 PARK AVE.
WILMINGTON, NC 28403

Mailing Address
3808 PARK AVE.
WILMINGTON, NC 28403



07072008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8054486	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MACKAY, JONATHAN
2152 MOON SHADOW RD
NEW PORT RICHEY, FL 34655

**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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000957558
08/11/08-80005-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCFADYEN, R. DUNCAN PE
STREET ADDRESS	3808 PARK AVE.
CITY-ST-ZIP	WILMINGTON, NC 28403
TITLE	MGRM
NAME	BENSON, JAMES R PE
STREET ADDRESS	3808 PARK AVE.
CITY-ST-ZIP	WILMINGTON, NC 28403
TITLE	MGRM
NAME	CRIBB, W. ALLEN PE
STREET ADDRESS	3808 PARK AVE.
CITY-ST-ZIP	WILMINGTON, NC 28403
TITLE	MGRM
NAME	HAHN, DAVIDLEN M PE
STREET ADDRESS	3808 PARK AVE.
CITY-ST-ZIP	WILMINGTON, NC 28403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: *[Handwritten Signature]* *8/6/08* *910-791-4000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #