

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90074 023 *****55.00

DOCUMENT # L05000011915

1. Entity Name

MCCRELESS RENOVATIONS LLC



Principal Place of Business

8046 COASTAL HWY.
 CRAWFORDVILLE FL 32327

Mailing Address

8046 COASTAL HWY.
 CRAWFORDVILLE FL 32327

2. Principal Place of Business

8854 Flicker Rd.

Suite, Apt. #, etc.

3. Mailing Address

8854 Flicker Rd

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32305

Country

Leon

City & State

Tallahassee, FL

Zip

32305

Country

Leon

4. FEI Number

342050362

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

MCCRELESS, MICHAEL K
 8046 COASTAL HWY.
 CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name

MICHAEL MCCRELESS

Street Address (P.O. Box Number is Not Acceptable)

8854 Flicker Rd

City

Tallahassee

FL

Zip Code

32305

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

Michael McCreless MGMR

Michael McCreless MGMR Jan 26, 2006

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	MCCRELESS, MICHAEL K	8046 COASTAL HWY.	CRAWFORDVILLE FL 32327	<input type="checkbox"/>
MGRM	BURNHAM, JEFFEREY	8842 FLICKER RD.	TALLAHASSEE FL 32304	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael McCreless Michael McCreless

Jan 26, 2006

519-3237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #