2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000018016

1. Entity Name
MARIE MCGREGOR, LLC



Principal Place of Business

16050 DORA AVENUE TAVARES, FL 32778 US Mailing Address

16050 DORA AVENUE TAVARES, FL 32778 24

FILED Jan 31, 2008 08:00 AN Secretary of State



01282008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number		L(<i>£</i>	Applied For
	20-2375383		N	ot Applicable
5.	Certificate of Status Desired	ū	\$5.00 Ac Fee Requir	

6. Name and Address of Current Registered Agent

MCGREGOR, MARIE G 16050 DORA AVENUE TAVARES, FL 32778

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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 reinstaling)	DATE				
	: NOWIII FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		U00000807138 02/06/08-80065-020 138.75				
9.	MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGREGOR, MARIE G 16050 DORA AVENUE TAVARES, FL 32778						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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 cath; that I am a managing member or manager of the							

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

128/2008 (352)357-3100