

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 22, 2010
Secretary of State

Entity Name: SLG MCLEAN, LLC

Current Principal Place of Business:

4315 PABLO OAKS COURT
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4315 PABLO OAKS COURT
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-2848183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLG MANAGEMENT SERVICES, LLC
4315 PABLO OAKS CT
JACKSONVILLE, FL 32224 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: PCEO
Name: MCLEAN, MURPHY B JR.
Address: 4315 PABLO OAKS CT., SUITE 1
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: CHMN
Name: STOKES, E. CHESTER JR
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP
Name: KUNKEL, JOHN C
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VPSE
Name: HOLM, MALLORY G
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VPTR
Name: FREDENHAGEN, SHARON W
Address: 4315 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: AS
Name: LAWARRE, JOY L
Address: 4315 PABLO OAKS CRT
City-St-Zip: JACKSONVILLE, FL 32224 US

I hereby 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: MURPHY B. MCLEAN JR.

PCEO

02/22/2010

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