


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
1 Feb 23, 2007 8:00 am
Secretary of State

01-29-2007 90143 014 ****50.00

DOCUMENT # M06000002206			
1. Entity Name MCCARTY LAW OFFICES, PLC			
Principal Place of Business 200 W. ALLEGAN STREET OTSEGO, MI 40078		Mailing Address 200 W. ALLEGAN STREET OTSEGO, MI 40078	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCCARTY, KAREN A 432 S. 2ND STREET, #2 JACKSONVILLE BEACH, FL 32250		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCARTY, KAREN A 200 W. ALLEGAN STREET OTSEGO, MI 40078 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Karen A. McCarty</i>		Date: 1/23/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: 269-694-6055	



01032007 Chg-LLC CR2E083 (12/08)

4. FEI Number 38-2875276 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required