

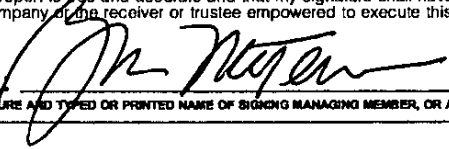


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000003637</b>		
1. Entity Name MCTERNAN, L.L.C.		
Principal Place of Business 380 SOUTH 10TH STREET SUITE 204 NAPLES, FL 34102 US		Mailing Address 380 SOUTH 10TH STREET SUITE 204 NAPLES, FL 34102 US
		
		04022007No Chg-LLC CR2E083 (11/05)
4. FEI Number 65-1083996		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
GRAVINA, PETER J ESQ. 1833 HENDRY ST. FT MYERS, FL 33901		
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 reappointing) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
U000000706506 04/24/07-80037-007 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCTERNAN, BRIAN 380 SOUTH 10TH STREET SUITE 204 NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRIAN MCTERNAN FAMILY TRUST 380 SOUTH 10TH STREET SUITE 204 NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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 		4/10/07 847-323-5880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #