


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90231 010 ****50.00

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DOCUMENT # L02000014595		
1. Entity Name MCLOUGHLIN ENTERPRISES, LLC		

Principal Place of Business 3359 WEST VINE STREET SUITE 104 KISSIMMEE FL 34741	Mailing Address 3359 WEST VINE STREET SUITE 104 KISSIMMEE FL 34741
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2. Principal Place of Business 14069 Vista Del Lago Blvd.	3. Mailing Address 14069 Vista Del Lago Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Winter Garden, FL	City & State Winter Garden, FL
Zip 34787	Zip 34787
Country USA	Country USA



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent MCLOUGHLIN, JOHN MARTIN 3359 WEST VINE STREET SUITE 104 KISSIMMEE FL 34741	
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent	
Name Derek Breen	
Street Address (P.O. Box Number is Not Acceptable) 3355 W. Vine St. Suite 102	
City Kissimmee	Zip Code FL 34787

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 *Derek Breen* DATE 4/18/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 exemption stated in Section 119.07(3)(i), 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: <u><i>Derek Breen</i></u>	DATE: <u>4/18/03</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

CR2E083 (10/02)