


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000021682</b> 1. Entity Name MCLEAN ASSOCIATES, LLC	
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Principal Place of Business 2578 ENTERPRISE RD., #342 ORANGE CITY, FL 32763	Mailing Address 2578 ENTERPRISE RD., #342 ORANGE CITY, FL 32763
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**DO NOT WRITE IN THIS SPACE**



04112005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0480788	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  MCLEAN, DAVID M 2578 ENTERPRISE ROAD, #342 ORANGE CITY, FL 32763
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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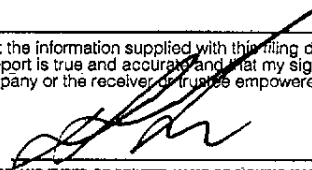
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCLEAN, DAVID M 2578 ENTERPRISE RD., #342 ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCLEAN, CLAUDIA 2578 ENTERPRISE RD., #342 ORANGE CITY, FL 32763
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1000000310371  
04/18/05-800001-019 50.00

**DO NOT WRITE  
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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.

<b>SIGNATURE:</b> 	<b>Date:</b> 4/13/05	<b>Daytime Phone #:</b> 386 668 3370
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		