

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90038 017 ***138.75

DOCUMENT # L02000025008

1. Entity Name
MCCLAIN CHILDREN I, LLC



Principal Place of Business
**3611 WEST SWANN AVENUE, SUITE 400
TAMPA, FL 33609**

Mailing Address
**3611 WEST SWANN AVENUE, SUITE 400
TAMPA, FL 33609**

60037660



2. Principal Place of Business - No P.O. Box #
307 S Willow Ave
Suite, Apt. #, etc.

3. Mailing Address
307 S Willow
Suite, Apt. #, etc.

04222008 Chg-LLC CR2E083 (12/06)

City & State
TAMPA FL
Zip
33606

Country

City & State
TAMPA FL
Zip
33606

Country

4. FEI Number
05-0539787

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCLAIN, WAYNE A
3611 W. SWANN AVE.
TAMPA, FL 33609**

Name

Street Address (P.O. Box Number is Not Acceptable)

307 S Willow Ave

City
TAMPA

FL

Zip Code
33606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-08

**FILE NOW!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MCCLAIN, WAYNE A
3611 SWANN AVE
TAMPA, FL 33609** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**307 S Willow Ave
TAMPA FL 33606** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-22-08

Date

813 254-2800

Daytime Phone #