

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000030247

1. Entity Name
MCCLELLAND, JONES, LYONS & LACEY, L.C.



Principal Place of Business
1901 S. HARBOR CITY BLVD., SUITE 500
MELBOURNE, FL 32901

Mailing Address
1901 S. HARBOR CITY BLVD., SUITE 500
MELBOURNE, FL 32901



02072005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1657177

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCCLELLAND, CLIFTON A JR.
1901 S. HARBOR CITY BLVD., SUITE 500
MELBOURNE, FL 32901

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MCCLELLAND, CLIFTON A JR
1901 S. HARBOR CITY BLVD., SUITE 500
MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JONES, HARRY A
1901 S. HARBOR CITY BLVD., SUITE 500
MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LYONS, AARON D
1901 S. HARBOR CITY BLVD., SUITE 500
MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LACEY, STEPHEN
1901 S HARBOR CITY BLVD, STE 500
MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/14/05-80038-017 150.00

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IN THIS SPACE**

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:

Clifton A. Jr.

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

2/11/2005 (324) 984-2700

Date

Daytime Phone #