2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

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

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

DO NOT WRITE IN THIS SPACE

01242006No Chg-LLC CR2E083 (11/05)

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

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

Filing Fee is $50.00
Due by May 1, 2006

H06000042057D
02/15/06-80060-022 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MCCLELLAND, CLIFTON A JR
STREET ADDRESS	1901 S. HARBOR CITY BLVD., SUITE 500
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	MGR
NAME	JONES, HARRY A
STREET ADDRESS	1901 S. HARBOR CITY BLVD., SUITE 500
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	MGR
NAME	LYONS, AARON D
STREET ADDRESS	1901 S. HARBOR CITY BLVD., SUITE 500
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	MGR
NAME	LACEY, STEPHEN
STREET ADDRESS	1901 S HARBOR CITY BLVD, STE 500
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Clifton A. McClelland Jr 1/31/2006 (321) 984-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #