2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

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Entity Name: MCCLELLAND, JONES, LYONS, LACEY & WILLIAMS, L.L.C.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 06-1657177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	MCCLELLAND, CLIFTON A JR	
Address:	1901 S. HARBOR CITY BLVD., SUITE 500	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	MGR	( ) Delete
Name:	JONES, HARRY A	
Address:	1901 S. HARBOR CITY BLVD., SUITE 500	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	MGR	( ) Delete
Name:	LYONS, AARON D	
Address:	1901 S. HARBOR CITY BLVD., SUITE 500	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	MGR	( ) Delete
Name:	LACEY, STEPHEN	
Address:	1901 S HARBOR CITY BLVD, STE 500	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	MGR	( ) Delete
Name:	WILLIAMS, TIMOTHY M	
Address:	1901 S HARBOR CITY BLVD STE 500	
City-St-Zip:	MELBOURNE, FL 32901	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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. MEMB 04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date