

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000013198

1. Entity Name  
MACPHAIL FAMILY HOLDINGS, LLC



Principal Place of Business  
1451 GLOBAL COURT  
SARASOTA, FL 34240

Mailing Address  
1451 GLOBAL COURT  
SARASOTA, FL 34240



02022007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0989625	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

DUMBAUGH, JOHN D  
1900 RINGLING BLVD.  
SARASOTA, FL 34236

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MACPHAIL, GORDON A 5569 SIESTA ESTATES CT. SARASOTA, FL 34242
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MACPHAIL, PAUL W 1671 NORTH DR. SARASOTA, FL 34239
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MACPHAIL, ROY 4099 GREEN TREE AVE. SARASOTA, FL 34233
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U00000635048  
02/22/07-80036-017 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

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

Date

Daytime Phone #