


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90056 040 ***138.75

DOCUMENT # L03000019145	
1. Entity Name MCCLELLAN REALTY LLC	

Principal Place of Business 2858 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308	Mailing Address 2858 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308
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60002135

2. Principal Place of Business - No P.O. Box # LN 7733 Lonesome Dove	3. Mailing Address P.O. Box 15887
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32311	Zip 32317
Country USA	Country USA



01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 87-0697741	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCLELLAN, DANNY R 2121 GOLDEN EAGLE DRIVE WEST TALLAHASSEE, FL 32312	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCLELLAN, DANNY R 2121 GOLDEN EAGLE DRIVE WEST TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE	1/2/08 Date	Daytime Phone #
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