


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90022 047 \*\*\*\*50.00


<b>DOCUMENT # L03000023932</b>	
1. Entity Name <b>MCMILLAN AND MASSIE, LLC</b>	

Principal Place of Business <b>1881 W. MARION AVE. PUNTA GORDA, FL 33950</b>	Mailing Address <b>C/O ELIZABETH A. MCMILLAN 1881 W. MARION AVE. PUNTA GORDA, FL 33950</b>
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2. Principal Place of Business <b>839 Napoli Ln.</b> Suite, Apt. #, etc.	3. Mailing Address <b>839 Napoli Ln.</b> Suite, Apt. #, etc.
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City & State <b>Punta Gorda, FL.</b>	City & State <b>Punta Gorda, FL.</b>
Zip <b>33950</b>	Zip <b>33950</b>
Country <b>USA</b>	Country <b>USA</b>

**20026904**



04042005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>61-1452861</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MCMILLAN, ELIZABETH A 1881 W. MARION AVE. PUNTA GORDA, FL 33950</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>839 Napoli Ln.</b> City <b>Punta Gorda</b> FL Zip Code <b>33950</b>	

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 **4/4/05**

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

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCMILLAN, ELIZABETH A 1881 W. MARION AVE. PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>839 Napoli Ln. Punta Gorda, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCMILLAN, WILLIAM C 1881 W. MARION AVE. PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>839 Napoli Ln. Punta Gorda, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASSIE, RODNEY M 157 BALDWIN CT PORT CHARLOTTE, FL 33952 <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	MGRM MASSIE, PAULLA M 157 BALDWIN CT PORT CHARLOTTE, FL 33952 <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
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 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:  DATE **4/4/05** DAYTIME PHONE # **(941) 575-4808**

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