2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000023932

1. Entity Name
MCMILLAN AND MASSIE, LLC

Principal Place of Business	Mailing Address
839 NAPOLI LN. PUNTA GORDA, FL 33950	839 NAPOLI LN. PUNTA GORDA, FL 33950

DO NOT WRITE IN THIS SPACE

04282006No Chg-LLC CR2E083 (11/05)

4. FEI Number
61-1452861
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MCMILLAN, ELIZABETH A
839 NAPOLI LN
PUNTA GORDA, FL 33950

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 _____ 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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MCMILLAN, ELIZABETH A
STREET ADDRESS	839 NAPOLI LN
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	MGRM
NAME	MCMILLAN, WILLIAM C
STREET ADDRESS	839 NAPOLI LN.
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	MGRM
NAME	MASSIE, RODNEY M
STREET ADDRESS	157 BALDWIN CT
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	MGRM
NAME	MASSIE, PAULLA M
STREET ADDRESS	157 BALDWIN CT
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000549120
05/13/06-80008-002 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: _____ 4/29/06 (941)575-4808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #