


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000023932 1. Entity Name MCMILLAN AND MASSIE, LLC	
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Principal Place of Business 839 NAPOLI LN. PUNTA GORDA, FL 33950	Mailing Address 839 NAPOLI LN. PUNTA GORDA, FL 33950
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DO NOT WRITE IN THIS SPACE



04242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 61-1452861	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

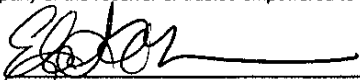
**Filing Fee is \$50.00
Due by May 1, 2007**

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

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05/10/07-80003-009 50.00

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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
Elizabeth A. McMillan

Date: **4/24/07** Daytime Phone #: **(941) 575-4808**