

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036861

Entity Name: MCLURE MANAGEMENT, L.L.C.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

4217 LOST HORSE CIRCLE
NICEVILLE, FL 32578

New Principal Place of Business:

332 OAKLAKE LANE
NICEVILLE, FL 32578

Current Mailing Address:

4217 LOST HORSE CIRCLE
NICEVILLE, FL 32578

New Mailing Address:

332 OAKLAKE LANE
NICEVILLE, FL 32578

FEI Number: 90-0178666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHROEDER, VIRGINIA M
4217 LOST HORSE CIRCLE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

SCHROEDER, VIRGINIA M
332 OAKLAKE LANE
NICEVILLE, FL 32578 US

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.

SIGNATURE: VIRGINIA M. SCHROEDER

04/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SCHROEDER, VIRGINIA M
Address: 4217 LOST HORSE CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHROEDER, VIRGINIA M
Address: 332 OAKLAKE LANE
City-St-Zip: NICEVILLE, FL 32578

Title: MGR () Change (X) Addition
Name: SCHROEDER, R. V
Address: 332 OAKLAKE LANE
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: VIRGINIA M. SCHROEDER

MGR

04/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date