

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000049429	
1. Entity Name WILLIAM J. MCMILLAN LLC	
Principal Place of Business 2305 NOVUS STREET SARASOTA, FL 34237	Mailing Address 2305 NOVUS STREET SARASOTA, FL 34237



01052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0437663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MCMILLAN, WILLIAM J 2305 NOVUS STREET SARASOTA, FL 34237	DO NOT WRITE IN THIS SPACE
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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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCMILLAN, WILLIAM J 2305 NOVUS STREET SARASOTA, FL 34237
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01/17/08-80005-007 138.75

**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: _____

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

Date

Daytime Phone #

1/15/08