

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


FILED
Mar 13, 2007 8:00 am
Secretary of State

02-26-2007 90309 037 ****50.00

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DOCUMENT # L04000016373

1. Entity Name
MCLEAN MANAGEMENT, LLC



Principal Place of Business 1747 WOODVILLE HWY CRAWFORDVILLE, FL 32327 US	Mailing Address 1747 WOODVILLE HWY CRAWFORDVILLE, FL 32327 US
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01042007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0796223	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

**MCLEAN, JOHN R
1747 WOODVILLE HWY
CRAWFORDVILLE, FL 32327**

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 John R. McLean / President [Signature] 2/14/07

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCLEAN, JOHN R 1747 WOODVILLE HWY CRAWFORDVILLE, FL 32327
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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 606, Florida Statutes.

SIGNATURE: [Signature] 3/12/07 850-925-0212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #