

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


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

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

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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DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC CR2E083 (11/05)

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 reappointing) 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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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 #