

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90037 021 \*\*\*\*50.00

DOCUMENT # L04000031488

1. Entity Name  
MCCRANEY SLW7, LLC



Principal Place of Business

1560 LATHAM RD, NO. 7  
WEST PALM BEACH, FL 33409  
2257 VISTA PKWY #17  
West Palm Bch, FL 33411

Mailing Address

1560 LATHAM RD, NO. 7  
WEST PALM BEACH, FL 33409  
2257 VISTA PKWY #17  
West Palm Bch, FL 33411

20043630



**DO NOT WRITE IN THIS SPACE**

04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

01-0814020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, ANDREW M  
712 US HIGHWAY ONE, STE 400  
NORTH PALM BEACH, FL 33408

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME MCCRANEY, STEVEN E  
STREET ADDRESS 2257 VISTA Parkway #17  
CITY-ST-ZIP West Palm Bch, FL 33411  
1560 LATHAM RD, NO. 7  
WEST PALM BEACH, FL 33409

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

4/26/06

561-478-4300