


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000033841 1. Entity Name JAMES R MCKEAN, LLC	
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Principal Place of Business
6330 TOULON STREET
ENGLEWOOD, FL 34224

Mailing Address
6330 TOULON STREET
ENGLEWOOD, FL 34224

DO NOT WRITE IN THIS SPACE



02032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1109855

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MCKEAN, JAMES R
6330 TOULON STREET
ENGLEWOOD, FL 34224

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCKEAN, JAMES R
STREET ADDRESS	6330 TOULON STREET
CITY-ST-ZIP	ENGLEWOOD, FL 34224

TITLE	
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U00000657330
03/14/07-80062-014 50.00

**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

James R. McKean
MAR. 02, 2007

Date

Daytime Phone #