


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90034 023 ****50.00

DOCUMENT # L04000050171

1. Entity Name
JULIAN MCCOY, LLC



Principal Place of Business 4752 LIVINGSTON DRIVE PENSACOLA, FL 32504 US	Mailing Address 4752 LIVINGSTON DRIVE PENSACOLA, FL 32504 US
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60050428



04272007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

**MCCOY, JULIAN
 4752 LIVINGSTON DRIVE
 PENSACOLA, FL 32504**

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 *Julian McCoy* (NOTE: Registered Agent signature required when reinstating) DATE 4-27-07

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCOY, JULIAN 4752 LIVINGSTON DRIVE PENSACOLA, FL 32504
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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: *Julian McCoy* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE) DATE 4-27-07 DAYTIME PHONE # 850-393-6480