

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90085 013 \*\*\*\*55.00

**DOCUMENT # L04000051687**

1. Entity Name

MCGLANNAN REAL ESTATE ASSOCIATES, L.L.C.



Principal Place of Business

10770 SW 84 STREET  
MIAMI FL 33173

Mailing Address

7910 SW 154 TERRACE  
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-3187243

Applied For

Not Applicable

5. Certificate of Status Desired

☒ 1

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEST, SANDRA L ESQ.  
8900 S.W. 117 AVENUE, SUITE B-105  
MIAMI FL 33186

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM  
NAME MCGLANNAN, FRANCES K  
STREET ADDRESS 7801 ALTAMIRA STREET  
CITY - ST - ZIP CORAL GABLES FL 33143 ☐ Delete

TITLE MGRM  
NAME GENEVIEVE SHAIN  
STREET ADDRESS 3220 SERRA ROAD  
CITY - ST - ZIP MALIBU, CA 90265 ☐ Change ☒ Addition

TITLE MGRM  
NAME MCGLANNAN, MICHAEL F  
STREET ADDRESS 7910 SW 154 TERRACE  
CITY - ST - ZIP MIAMI FL 33157 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Michael F McGLannan*

MICHAEL F MCG-LANNAN

7/20/06

305-595-0259

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

Date

Daytime Phone #