

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000051687

1. Entity Name

MCGLANNAN REAL ESTATE ASSOCIATES, L.L.C.



FILED
Jan 29, 2007 08:00 AM
Secretary of State



1st MOORE CR2E083 (10/06)

4. FEI Number **20-3187243** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MCGLANNAN, FRANCES K	
STREET ADDRESS	7801 ALTAMIRA STREET	
CITY ST ZIP	CORAL GABLES FL 33143	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MCGLANNAN, MICHAEL F	
STREET ADDRESS	7910 SW 154 TERRACE	
CITY ST ZIP	MIAMI FL 33157	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SHAIN, GENIVIEVE	
STREET ADDRESS	3220 SERRA RD	
CITY ST ZIP	MALIBU CA 90265	
TITLE		<input type="checkbox"/> Delete
NAME		
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10.

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ADDITIONS/CHANGES

☐ Change ☐ Addition

U00000610680
02/02/07-80031-018 55.00

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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:

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

Date

Daytime Phone #

1/25/07