

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070806

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** MCCARLTON ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

820 ALBEE RD.,  
SUITE 2  
NOKOMIS, FL 34275 US

**New Principal Place of Business:**

5364 SYRACUSE RD  
VENICE, FL 34293 US

**Current Mailing Address:**

820 ALBEE RD.,  
SUITE 2  
NOKOMIS, FL 34275 US

**New Mailing Address:**

5364 SYRACUSE RD  
VENICE, FL 34293 US

**FEI Number:** 26-0113235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRINKMANN, THOMAS E  
5364 SYRACUSE RD  
VENICE, FL 34293 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BRINKMAN, THOMAS E  
Address: 5364 SYRACUSE RD  
City-St-Zip: VENICE, FL 34293 US

Title: MGRM ( ) Delete  
Name: MERKL, HERMANN  
Address: AM BORBIG 20  
City-St-Zip: EPPSTEIN,, HE 65817 DE

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BRINKMANN, THOMAS E  
Address: 5364 SYRACUSE RD  
City-St-Zip: VENICE, FL 34293 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** THOMAS E. BRINKMANN

MGRM

01/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date