


2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

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

|  |   |
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| <b>DOCUMENT # L04000087944</b><br>1. Entity Name<br>MCGILL CONTRACTING & CONSULTING, LLC |  |
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| Principal Place of Business<br>981 STE 3 HIGHWAY 98 E<br>UNIT 146<br>DESTIN, FL 32541 US | Mailing Address<br>981 STE 3 HIGHWAY 98 E<br>UNIT 146<br>DESTIN, FL 32541 US |
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01232007 No Chg-LLC

CR2E083 (11/05)

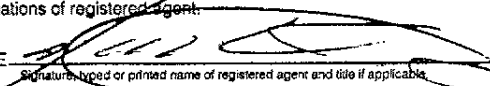
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| 4. FEI Number<br><b>41-2155452</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

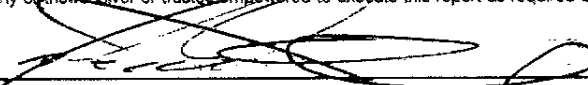
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| 6. Name and Address of Current Registered Agent<br><br>MCGILL, MICHAEL J JR.<br>981 STE 3 HIGHWAY 98 E<br>UNIT 146<br>DESTIN, FL 32541 |
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| 8. The above named entity submits this statement for the 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 <br><small>Signature typed or printed name of registered agent and title if applicable</small>                                   | DATE <b>02/01/07-80032-022 50.00</b><br><small>NOTE: Registered Agent signature required when reinstating</small> |
| Filing Fee is \$50.00<br>Due by May 1, 2007   |   |

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MCGILL, MICHAEL J JR.<br>981 STE 3 HIGHWAY 98 E - UNIT 146<br>DESTIN, FL 32541 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>  | Date _____<br>Daytime Phone # _____ |