


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90131 039 ****50.00

| | |
|---|---|
| DOCUMENT # L05000030234 |  |
| 1. Entity Name MACLACHLAN AND ASSOCIATES, LLC | |

| | |
|---|---|
| Principal Place of Business 1199 FT. PICKENS ROAD, #403 PENSACOLA BEACH, FL 32561 | Mailing Address DR. COLIN MACLACHLAN, HISTORY DEPT. 6823 ST. CHARLES AVENUE NEW ORLEANS, LA 70118 |
|---|---|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

02032006 Chg-LLC CR2E083 (11/05)

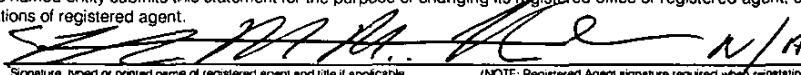
| | |
|-----------------------------|--|
| 4. FEI Number N/A | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

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

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| MACLACHLAN, COLIN 1199 FT. PICKENS ROAD, #403 PENSACOLA BEACH, FL 32561 | |

| | |
|--|--|
| 7. Name and Address of New Registered Agent | |
| Name N/A | |
| 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.

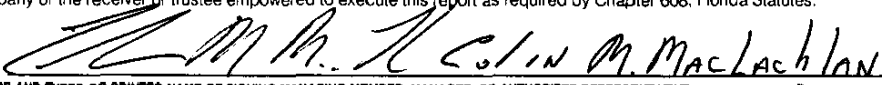
SIGNATURE  **N/A** DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MACLACHLAN, COLIN 1199 FT. PICKENS ROAD, #403 PENSACOLA BEACH, FL 32561 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  **COLIN M. MACLACHLAN** 850-916-1495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 504-862-8619