2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000030234

1. Entity Name

MACLACHLAN AND ASSOCIATES, LLC



FILED Jan 11, 2008 08:00 AN Secretary of State

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



01062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number **NOT APPLICABLE**

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN

MACLACHLAN, COLIN 1199 FT. PICKENS ROAD, #403 PENSACOLA BEACH, FL 32561

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of characteristics of registered agent.	anging its registered office or registered agent, or both, in th	e State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE: Registered Agen) signature required whon reinstating)	DATE
FILE NOWIII FEE IS \$138,75		

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR MACLACHLAN, COLIN 1199 FT. PICKENS ROAD, #403 PENSACOLA BEACH, FL. 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADORESS CITY-SI-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the eximptions contained in Chapter 110, 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

S/IN M. MACLACHIAN
DRIZE) REPRESENTATIVE