

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030234

FILED
Feb 10, 2009
Secretary of State

Entity Name: MACLACHLAN AND ASSOCIATES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

DR. COLIN MACLACHLAN, HISTORY DEPT.
6823 ST. CHARLES AVENUE
NEW ORLEANS, LA 70118

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: COLIN M. MACLACHLAN

02/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MACLACHLAN, COLIN
Address: 1199 FT. PICKENS ROAD, #403
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES:

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: COLIN M. MACLACHLAN

DR.

02/10/2009

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