

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031100

Entity Name: MEANS & CALDWELL, LLC

FILED
Apr 12, 2008
Secretary of State

Current Principal Place of Business:

3810 MURRELL ROAD
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

3946 TURKEY POINT DRIVE
MELBOURNE, FL 32934

New Mailing Address:

3810 MURRELL ROAD
ROCKLEDGE, FL 32955

FEI Number: 05-0619898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEANS, JAMES W SR
3873 SOUTH BANANA RIVER BLVD
#307
COCOA BEACH, FL 32931 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: MEANS, WILLIAM H II
Address: 4445 WINDOVER WAY
City-St-Zip: MELBOURNE, FL 32934

Title: MGRM () Delete
Name: CALDWELL, HARTLEY M III
Address: 3946 TURKEY POINT DR.
City-St-Zip: MELBOURNE, FL 32934

Title: MGRM () Delete
Name: MEANS, JAMES W SR
Address: 3873 SOUTH BANANA RIVER BLVD,#307
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES:

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

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

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: HARTLEY M. CALDWELL

MGRM

04/12/2008

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