

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000047558



1. Entity Name
SLG MCLEAN, LLC

Principal Place of Business
4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224

Mailing Address
4315 PABLO OAKS COURT
SUITE 1
JACKSONVILLE, FL 32224

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

04072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2848183	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE PCEO Delete
NAME MCLEAN, MURPHY B JR.
STREET ADDRESS 4315 PABLO OAKS CT., SUITE 1
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE CHMN Delete
NAME STOKES, E. CHESTER JR
STREET ADDRESS 4315 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE VP Delete
NAME KUNKEL, JOHN C
STREET ADDRESS 4315 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE VPSE Delete
NAME HOLM, MALLORY G
STREET ADDRESS 4315 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE VPTR Delete
NAME FREDENHAGEN, SHARON W
STREET ADDRESS 4315 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE AS Delete
NAME FARRELL, TAMARA A
STREET ADDRESS 4315 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE, FL 32224

10. ADDITIONS/CHANGES

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 *Jay L Lawarre* *Jay L Lawarre 4/8/8 9044821100*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

60021772



04-10-2008 90132 027 ***138.75

**FILED
Apr 10, 2008 8:00 am
Secretary of State**