2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2007
Secretary of State

DOCUMENT# L05000063920

Entity Name: MCNIEL & SMITH ONE, LLC

Current Principal Place of Business:

P.O. BOX 560501
MONTVERDE, FL 34756

New Principal Place of Business:

15825 WILLO PINES LANE
MONTVERDE, FL 34756

Current Mailing Address:

P.O. BOX 560501
MONTVERDE, FL 34756

New Mailing Address:

FEI Number: 20-3399845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEXANDER, EDWARD R JR
200 S. ORANGE AVE., STE 1220
ORLANDO, FL 32801 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: D ( ) Delete
Name: SMITH, MONTILEE
Address: P.O. BOX 560501
City-St-Zip: MONTVERDE, FL 34756

Title: D ( ) Delete
Name: SMITH, JAMES R
Address: P.O. BOX 560501
City-St-Zip: MONTVERDE, FL 34756

ADDITIONS/CHANGES:

Title: D (X) Change ( ) Addition
Name: SMITH, MONTILEE
Address: 15825 WILLO PINES LANE
City-St-Zip: MONTVERDE, FL 34756

Title: D (X) Change ( ) Addition
Name: SMITH, JAMES R
Address: 15825 WILLO PINES LANE
City-St-Zip: MONTVERDE, FL 34756

I hereby certify that the information supplied with this filing does not qualify for the 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: MONTILEE SMITH D 01/26/2007

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