


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # L05000069275 1. Entity Name MCLAUGHLIN FAMILY REALTY, L.L.C. |  |
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| Principal Place of Business 16340 OLD U.S. 41 FORT MYERS, FL 33912 | Mailing Address 16340 OLD U.S. 41 FORT MYERS, FL 33912 |
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03192007 No Chg-LLC

CR2E083 (11/05)

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|---|--|
| 4. FEI Number 20-3236516 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

MCLAUGHLIN, TERRENCE
16340 OLD U.S. 41
FORT MYERS, FL 33912

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MCLAUGHLIN, TERRENCE 16340 OLD U.S. 41 FORT MYERS, FL 33912 |
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03/30/07-80016-017 50.00

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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:  **3/20/07** **239-267-2847**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #