


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90220 034 ****50.00

DOCUMENT # L05000075298 1. Entity Name MCCLURE INSTALLATIONS, LLC.					
Principal Place of Business 2 HEMLOCK LOOP RUN OCALA, FL 34472 US			Mailing Address 2 HEMLOCK LOOP RUN OCALA, FL 34472 US		
2. Principal Place of Business Suite, Apt. #, etc. _____		3. Mailing Address 611 SE 9 AVE APT 22 City & State OCALA FL Zip 34471			
City & State _____		City & State OCALA FL		4. FEI Number 24-3234891	
Zip 34471		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCLURE, LARRY E 2 HEMLOCK LOOP RUN OCALA, FL 34472			7. Name and Address of New Registered Agent Name MCCLURE LARRY E Street Address (P.O. Box Number is Not Acceptable) 611 SE 9 AVE APT 22 City OCALA		
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.			FL Zip Code 34471		
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCLURE, LARRY E 2 HEMLOCK LOOP RUN OCALA, FL 34472 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCLURE LARRY E 611 SE 9 AVE APT 22 OCALA FL 34471 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <u>LARRY E MCCLURE</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			3-22-06 352-804-4288 Date Daytime Phone #		