


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90084 009 \*\*\*\*50.00

<b>DOCUMENT # L06000013126</b>	
1. Entity Name <b>JOHN MACKLIN LLC</b>	

Principal Place of Business <b>2547 SUNSET DRIVE KISSIMMEE FL 34741</b>	Mailing Address <b>2547 SUNSET DRIVE KISSIMMEE FL 34741</b>
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2. Principal Place of Business - No P.O. Box # <b>2547 SUNSET DR</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>KISSIMMEE</b>	City & State <b>SAME</b>
Zip <b>34741</b>	Country <b>USA</b>
Country <b>OSCEOLA</b>	Zip <b>USA</b>



2nd MOORE CR2E083 (4/07)

6. Name and Address of Current Registered Agent <b>MACKLIN, JOHN 2547 SUNSET DRIVE KISSIMMEE FL 34741</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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 <i>John Macklin</i>	DATE <b>8/29/07</b>

<p><b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By September 5, 2007</b></p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MACKLIN, JOHN 2547 SUNSET DRIVE KISSIMMEE FL 34741</b>	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
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
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: <i>John Macklin</i>	DATE <b>8/29/07</b>
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Daytime Phone #	