2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State
03-14-2007 90213 007 ****50.00

DOCUMENT # L06000050907

1. Entity Name
MCCARVILLE REAL ESTATE, L.L.C.

Principal Place of Business	Mailing Address
4121 N.E. 34TH AVENUE FT. LAUDERDALE FL 33308	4121 N.E. 34TH AVENUE FT. LAUDERDALE FL 33308

1st MOORE CR2E083 (10/06)

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

4. FEI Number 20-4940655 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S ESQ.
1177 S.E. 3RD AVENUE
FT. LAUDERDALE FL 33316

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST-ZIP	MGR MCCARVILLE, JOHN T. 4121 N.E. 34TH AVENUE FT. LAUDERDALE FL 33308	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	MGR MCCARVILLE, SALLY B. 4121 N.E. 34TH AVENUE FT. LAUDERDALE FL 33308	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John T. McCarville
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

(IRS USE ONLY) 575B ATTACHMENT 06-02-2006 MCCA B 1912001337 SS-4

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Keep this part for your records. CP 575 B (Rev. 1-2006)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

1912001337

Your Telephone Number ( ) -

Best Time to Call

DATE OF THIS NOTICE: 06-02-2006
EMPLOYER IDENTIFICATION NUMBER: 20-4940655
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

MCCARVILLE REAL ESTATE LLC
JOHN T MCCARVILLE MBR
4121 NE 34TH AVENUE
FORT LAUDERDALE FL 33308