


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90097 015 ***138.75

DOCUMENT # L06000063557

1. Entity Name
LEAR MCNALLY LLC



Principal Place of Business
**221 PARKLAND AVENUE
 SARASOTA, FL 34232**

Mailing Address
**P.O. BOX 6157
 PANAMA CITY, FL 32404**

60026736



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
4649 COUNTRY MANOR DR

3. Mailing Address
 Suite, Apt. #, etc.

04182008 Chg-LLC CR2E083 (12/06)

City & State
SARASOTA, FLORIDA

City & State

4. FEI Number
20-5100145

Applied For
 Not Applicable

Zip
34233

Country

Zip
 Country

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

8. Name and Address of Current Registered Agent
**ENGH, RICHARD M
 221 PARKLAND AVENUE
 SARASOTA, FL 34232**

7. Name and Address of New Registered Agent
 Name **ENGH, RICHARD M**
 Street Address (P.O. Box Number is Not Acceptable)
4649 COUNTRY MANOR DRIVE
 City **SARASOTA** FL Zip Code **34233**

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 *Richard M. Engh* DATE **4-18-08**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENGH, CARL A			NAME			
STREET ADDRESS	P.O. BOX 6157			STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 32404			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENGH, CLARITA O			NAME			
STREET ADDRESS	P.O. BOX 6157			STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 32404			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Clarita O Engh* DATE **4-18-08** DAYTIME PHONE # **850-276-1381**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #