2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000076041

1. Entity Name
JAMES F MCCAULEY, LLC

Principal Place of Business	Mailing Address
625 CARMODY HILL RD PENSACOLA, FL 32533 US	~~PENSACOLA, FL 32534~~ US ← Same

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

02022007   Chg-LLC   CR2E083 (12/06)

4. FEI Number 20-5315854	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
MCCAULEY, JAMES F 625 CARMODY HILL RD PENSACOLA, FL 32533	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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	**10.** ADDITIONS/CHANGES
TITLE MGRM. ☐ Delete NAME MCCAULEY, JAMES F STREET ADDRESS ~~~~ 625 Carmody Hill Rd. CITY-ST-ZIP ~~PENSACOLA~~ Cantonment, FL. 32533	TITLE M.GRM ☒ Change ☐ Addition NAME JAMES F. McCauley STREET ADDRESS 625 CARMODY Hill Rd. CITY-ST-ZIP ~~PENSACOLA FL 32533~~ CANTONMENT, FL. ☐ Change ☐ Addition 32533
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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: X J F McCaul   3-7-07   850-529-4536

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