

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 31, 2007 8:00 am**  
**Secretary of State**

4/

04-30-2007 90048 005 \*\*\*\*50.00

<b>DOCUMENT # L06000104249</b> 1. Entity Name <b>MCCLELLAN FARM, LLC</b>			
Principal Place of Business <b>1707 CONNECTICUT AVENUE LYNN HAVEN, FL 32444</b>		Mailing Address <b>1707 CONNECTICUT AVENUE LYNN HAVEN, FL 32444</b>	
2. Principal Place of Business - No P.O. Box # <b>1003 Tech Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>1003 Tech Drive</b> Suite, Apt. #, etc.	
City & State <b>Lynn Haven FL</b> Zip <b>32444</b>		City & State <b>Lynn Haven FL</b> Zip <b>32444</b>	
Country <b>U.S.</b>		Country <b>US</b>	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KIMBALL-JOY-MARLER 221 MCKENZIE AVENUE PANAMA CITY, FL 32401</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WALTERS, JENNIFER L 1707 CONNECTICUT AVENUE LYNN HAVEN, FL 32444</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WALTERS, Jennifer L 1003 Tech Drive Lynn Haven FL 32444</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LATHAM, JEFF 64 3RD AVENUE SHALIMAR, FL 32579</b> <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
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.			
<b>SIGNATURE:</b>		<b>4/25/07 (850) 265-9785</b> <small>Date Daytime Phone #</small>	

30009229



03132007 Chg-LLC CR2E083 (12/06)