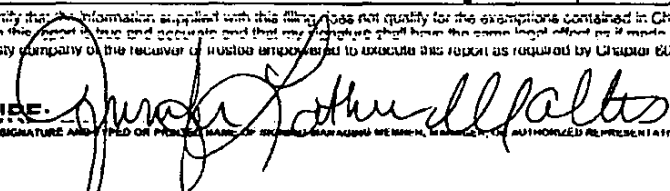


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

04-28-2008 90061 003 ***138.75

DOCUMENT # L06000104249																																																																																			
1. Entity Name MCCLELLAN FARM, LLC																																																																																			
Principal Place of Business 1003 TECH DRIVE LYNN HAVEN, FL 32444			Mailing Address 1003 TECH DRIVE LYNN HAVEN, FL 32444																																																																																
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 04232008 Chg-LLC CR2E083 (12/06)																																																																															
				Applied For ☒ 26-0255661 Not Applicable																																																																															
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				7. Name and Address of New Registered Agent																																																																															
6. Name and Address of Current Registered Agent KIMBALL, JOY MARLER 221 MCKENZIE AVENUE PANAMA CITY, FL 32401				Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ DATE _____																																																																																			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State																																																																																			
<table border="1"> <thead> <tr> <th colspan="3">MANAGING MEMBERS/MANAGERS</th> <th colspan="3">ADVISERS/CONSULTANTS</th> </tr> </thead> <tbody> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>CITY-STATE-ZIP</td> <td></td> <td>CITY-STATE-ZIP</td> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>CITY-STATE-ZIP</td> <td></td> <td>CITY-STATE-ZIP</td> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>CITY-STATE-ZIP</td> <td></td> <td>CITY-STATE-ZIP</td> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>CITY-STATE-ZIP</td> <td></td> <td>CITY-STATE-ZIP</td> <td>CITY-STATE-ZIP</td> <td></td> </tr> </tbody> </table>						MANAGING MEMBERS/MANAGERS			ADVISERS/CONSULTANTS			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS		CITY-STATE-ZIP	CITY-STATE-ZIP		CITY-STATE-ZIP	CITY-STATE-ZIP		TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS		CITY-STATE-ZIP	CITY-STATE-ZIP		CITY-STATE-ZIP	CITY-STATE-ZIP		TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS		CITY-STATE-ZIP	CITY-STATE-ZIP		CITY-STATE-ZIP	CITY-STATE-ZIP		TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS		CITY-STATE-ZIP	CITY-STATE-ZIP		CITY-STATE-ZIP	CITY-STATE-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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. 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 				4/24/08 850-265-9785																																																																															
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																			