8/8/18/2008-90050-046-$143.75-$143.75

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000034070

1. Entity Name
MCCLOW PROPERTIES, LLC

Principal Place of Business	Mailing Address
4401 LAKESIDE DRIVE #704 JACKSONVILLE, FL 32210	4401 LAKESIDE DRIVE #704 JACKSONVILLE, FL 32210

08142008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2917 So. Ponte Vedra Blvd		4401 Lakeside Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #704	
City & State: So Ponte Vedra Beach		City & State: Jacksonville Fl	
Zip: 32082	Country: St. Johns	Zip: 32210	Country: Duval

4. FEI Number: 26-0281852 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCLOW, PATRICIA W
4401 LAKESIDE DRIVE #704
JACKSONVILLE, FL 32210

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 Patricia W McClow 8.15.08
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 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager John W. McClow 4841 Ortega Forest Dr Jacksonville, Florida 32210 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NA ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NA ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NA ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NA ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NA ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NA ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NA ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NA ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NA ☐ Change ☐ 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.

SIGNATURE: Patricia W McClow 8.15.08 904-389-5427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #