FILED
Apr 28, 2008 8:00 am
Secretary of State
02-14-2008 90074 019 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/1

DOCUMENT # L07000087501

1. Entity Name
MCCLELLAN INVESTMENTS, L.L.C.

WAS THE NUMBER

30005019

Principal Place of Business	Mailing Address
~~7733 LONESOME DOVE LANE~~	~~7733 LONESOME DOVE LANE~~
~~TALLAHASSEE, FL 32311~~	~~TALLAHASSEE, FL 32311~~

2121 Golden EAGLE DR. WEST, TALLAHASSEE FL

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
~~7733 LONESOME DOVE LN~~	2121 Golden Eagle Dr.
Suite, Apt. #, etc.: 2121 Golden EAGLE DR. W	Suite, Apt. #, etc.: TALLAHASSEE FL 32312
City & State: Tallahassee, FL	City & State: Tallahassee FL 32312
Zip: 32312 Country: USA	Zip: 32312 Country: USA

11112008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 26-0847205 ☐ 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
GUERINO, JAMES R 6964 AZUSA ROAD TALLAHASSEE, FL 32317	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

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	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCCLELLAN, DANNY		NAME		
STREET ADDRESS	P.O. BOX 15887		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32317		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ 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: 4/20/08 1/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #