

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057136

FILED
Jan 21, 2009
Secretary of State

Entity Name: MCLENDON FAMILY INVESTMENTS, LLC

Current Principal Place of Business:

443 SHOEMAKER DRIVE
DEFUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

Current Mailing Address:

443 SHOEMAKER DRIVE
DEFUNIAK SPRINGS, FL 32433 US

New Mailing Address:

FEI Number: 26-2782274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLENDON-HOWELL, ROSEMARY
443 SHOEMAKER DRIVE
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCLENDON, CLAIBORN
Address: 443 SHOEMAKER DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: MGRM () Delete
Name: MCLENDON-HOWELL, ROSEMARY
Address: 443 SHOEMAKER DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

ADDITIONS/CHANGES:

Title: P/T (X) Change () Addition
Name: MCLENDON, CLAIBORN
Address: 443 SHOEMAKER DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: VP/S (X) Change () Addition
Name: MCLENDON-HOWELL, ROSEMARY
Address: 443 SHOEMAKER DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROSEMARY MCLENDON-HOWELL

VP/S

01/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date