2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095262

Entity Name: MCLARNON FAMILY VENTURES, LLC

1140 LAKE BALDWIN LANE

ORLANDO, FL 32814

Address:

City-St-Zip:

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 628 E. WILDMERE AVE. LONGWOOD, FL 32750 **Current Mailing Address: New Mailing Address:** 628 E. WILDMERE AVE LONGWOOD, FL 32750 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, SOUTH & MILHAUSEN, P.A. C/O RICHARD B. BAXTER, ESQ. 1000 LEGION PLACE, SUITE 1200 ORLANDO, FL 32801 US 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete MCLARNON, MARC Name: Name: Address: 628 E. WILDMERE AVE. Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MALARNON, NANCY C Name: Name: Address: 628 E. WILDMERE AVE. Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MCLARNON, KATHLEEN Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MARC MCLARNON MGR 01/16/2009