

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101968

FILED
May 03, 2009
Secretary of State

Entity Name: MCCLELLAN FAMILY INVESTMENTS,LLC

Current Principal Place of Business:

2121 GOLDEN EAGLE DRIVE
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

2121 GOLDEN EAGLE DRIVE WEST
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCCLELLAN, DANNY R
2121 GOLDEN EAGLE DRIVE WEST
TALLAHASSEE, FL 32312 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:

Title: MGRM () Delete
Name: MCCLELLAN, DANNY R
Address: 2121 GOLDEN EAGLE DRIVE WEST
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCCLELLAN, DANNY R
Address: 2121 GOLDEN EAGLE DRIVE WEST
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: MGRM () Change (X) Addition
Name: MCCLELLAN, DEBORAH B
Address: 2121 GOLDEN EAGLE DRIVE WEST
City-St-Zip: TALLAHASSEE, FL 32312 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: DANNY R MCCLELLAN

MGR

05/03/2009

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