

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000086

Entity Name: MCLEAN FAMILY, L.L.C.

FILED  
Feb 04, 2009  
Secretary of State

**Current Principal Place of Business:**

1265 PINE GROVE DRIVE  
EASTON, PA 18045

**New Principal Place of Business:**

**Current Mailing Address:**

1265 PINE GROVE DRIVE  
EASTON, PA 18045

**New Mailing Address:**

FEI Number: 23-2998800

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE, FL 323011283 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: MCLEAN, BRIAN J  
Address: 1265 PINE GROVE DRIVE  
City-St-Zip: EASTON, PA 18045

Title: MGR ( ) Delete  
Name: MCLEAN, MARCIA L  
Address: 1265 PINE GROVE DRIVE  
City-St-Zip: EASTON, PA 18045

Title: MGR ( ) Delete  
Name: MCLEAN, CHRISTOPHER  
Address: 2031 PEMBROOKE DRIVE  
City-St-Zip: MACUNGIE, PA 18062

Title: MGR ( ) Delete  
Name: MCLEAN, ERIN  
Address: 1265 PINE GROVE DRIVE  
City-St-Zip: EASTON, PA 18045

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARCIA MCLEAN

MGR

02/04/2009

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