2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28411

1. Entity Name

MCC INVESTMENTS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 26 AM 3:05

Principal Place of Business	Mailing Address
1203 NORTH BAY DR. LYNN HAVEN FL 32444	1203 NORTH BAY DR. LYNN HAVEN FL 32444-3203

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2950120 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOSTER, WILLIAM SCOTT 909 MAR WALT DRIVE SUITE 1014 FORT WALTON BEACH FL 32548	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$188,622.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	KIMMEL, LYNN C	CITY-ST-ZIP	000003260300--3
STREET ADDRESS	1203 N. BAY DRIVE		-05/22/00--01005--017
CITY-ST-ZIP	LYNN HAVEN FL 32444		****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME	MALCOLM ALEX CROTZER	CITY-ST-ZIP	
STREET ADDRESS	10150 BELLE RIVE, APT. 710		
CITY-ST-ZIP	JACKSONVILLE FL 32256		
DOCUMENT #		STREET ADDRESS	
NAME	PATRICK KEARNEY CROTZER	CITY-ST-ZIP	
STREET ADDRESS	555 SELVA LAKES CIRCLE		
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		
DOCUMENT #		STREET ADDRESS	
NAME	JOHN CHRISTOPHER CROTZER	CITY-ST-ZIP	
STREET ADDRESS	1-501 ST AVN, CMR 477 BOX 723		
CITY-ST-ZIP	APO-AE 09165		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR1 100 (9/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Lynn C Kimmel SIGNATURE REQUIRED — April 25 - 2000 — 850-265-8799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #