# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 APR -5 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000912 AT

DOCUMENT # A28411

1. Entity Name

MCC INVESTMENTS, LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| 1203 NORTH BAY DR.<br>LYNN HAVEN FL 32444 | 1203 NORTH BAY DR.<br>LYNN HAVEN FL 32444 |

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

**DUE BY MAY 1, 2002**

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 |
|---|---|
| KIMMEL, LYNN C<br>1203 N. BAY DRIVE<br>LYNN HAVEN FL 32444 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

| 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 | 188,622 | |

**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 | |
| STREET ADDRESS | 1203 N. BAY DRIVE | | |
| CITY-ST-ZIP | LYNN HAVEN FL 32444 | | |
| DOCUMENT # | | STREET ADDRESS | 300005258793--5 |
| NAME | MALCOLM ALEX CROTZER | CITY-ST-ZIP | -04/12/02--01111--007 |
| STREET ADDRESS | 10150 BELLE RIVE, APT. 710 | | ****526.25 ****526.25 |
| 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 | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

CR2E003 (9/01)

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:** [signature] 4-1-02 (850) 265-8729

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