2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAR 19 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000012 AT

DOCUMENT # A28411

1. Entity Name
MCC INVESTMENTS, LTD.

Principal Place of Business	Mailing Address
1203 NORTH BAY DR. LYNN HAVEN FL 32444	1203 NORTH BAY DR. 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, 2003

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 1203 N. BAY DRIVE LYNN HAVEN FL 32444	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. I am familiar with, and accept the obligations of registered agent.

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 FL. 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	
STREET ADDRESS	1203 N. BAY DRIVE		
CITY-ST-ZIP	LYNN HAVEN FL 32444		
DOCUMENT #		STREET ADDRESS	200014381322
NAME	MALCOLM ALEX CROTZER		03/19/03--01078--001 **526.25
STREET ADDRESS	10150 BELLE RIVE, APT. 710	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE FL 32256		
DOCUMENT #		STREET ADDRESS	
NAME	PATRICK KEARNEY CROTZER		
STREET ADDRESS	555 SELVA LAKES CIRCLE	CITY-ST-ZIP	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		
DOCUMENT #		STREET ADDRESS	
NAME	JOHN CHRISTOPHER CROTZER		
STREET ADDRESS	1-501 ST AVN, CMR 477 BOX 723	CITY-ST-ZIP	
CITY-ST-ZIP	APO-AE 09165		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

CR2E003 (10/02)

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 REQUIRED (850) 3-14-03 265-8799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #