

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 26, 2005
Secretary of State**

DOCUMENT# L03000025913

Entity Name: MCCI, LLC

Current Principal Place of Business:

1696 CAPITAL CIRCLE, SW
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

PO BOX 2235
TALLAHASSEE, FL 323162235

New Mailing Address:

FEI Number: 33-1069550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGFORD, A. LAWTON
1700 CAPITAL CIRCLE, SW
TALLAHASSEE, FL 32310 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/MEMBERS:

Title: MGRM () Delete
Name: LANGFORD, A. LAWTON
Address: 1696 CAPITAL CIRCLE, SW
City-St-Zip: TALLAHASSEE, FL 32310

Title: MGRM () Delete
Name: GRANT, HAROLD E
Address: 1696 CAPITAL CIRCLE, SW
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES:

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 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 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: A. LAWTON LANGFORD

MGRM

04/26/2005

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