

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025913

FILED
Apr 28, 2008
Secretary of State

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/MANAGERS:

Title: MGRM () Delete
Name: LANGFORD, A. LAWTON
Address: PO BOX 2235
City-St-Zip: TALLAHASSEE, FL 323162235

Title: MGRM () Delete
Name: GRANT, HAROLD E
Address: PO BOX 2235
City-St-Zip: TALLAHASSEE, FL 323162235

Title: MGRM () Delete
Name: LANGFORD, GEORGE R
Address: PO BOX 2235
City-St-Zip: TALLAHASSEE, FL 323162235

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:

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: MICHELLE S. EAGEN, CFO

CFO

04/28/2008

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