

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085796

FILED
Jun 30, 2005
Secretary of State

Entity Name: MC LABOR MANAGEMENT, LLC

Current Principal Place of Business:

2333 N. STATE ROAD 7
SUITE K
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

2333 N. STATE ROAD 7
SUITE K
MARGATE, FL 33063

New Mailing Address:

FEI Number: 20-1929349 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHWARTZ, STEVEN G ESQ.
3301 NW BOCA RATON BLVD.
SUITE 200
BOCA RATON, FL 33431 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: MINEI, LAWRENCE J
Address: 2333 N. STATE ROAD 7, SUITE K
City-St-Zip: MARGATE, FL 33063

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MINEI, LAWRENCE J
Address: 19047 CYPRESS CRIK CT
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM () Change (X) Addition
Name: CALIFANO, GERARD J
Address: 2181 NW 70TH AVE
City-St-Zip: MARGATE, FL 33063

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: LAWRENCE MINEI

MGRM

06/30/2005

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