

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90111 017 ****50.00



DOCUMENT # L05000048321

1. Entity Name
MCMD ARCHAEOLOGY LLC

Principal Place of Business
18935 ROSEMARY ROAD
ARIPEKA, FL 34679

Mailing Address
P.O. BOX 534
ARIPEKA, FL 34679



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08022006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, MCMILLAN
18935 ROSEMARY ROAD
ARIPEKA, FL 34679

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

McMillan Davis
 Signature, typed or printed name of registered agent and title if applicable.

MCMILLAN DAVIS

(NOTE: Registered Agent signature required when reinstating)

3 AUG 2006

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** Delete
 NAME **DAVIS, MCMILLAN**
 STREET ADDRESS **18935 ROSEMARY ROAD**
 CITY-ST-ZIP **ARIPEKA, FL 34679**

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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:

McMillan Davis
MCMILLAN DAVIS

3 AUG 2006

Date

Daytime Phone #

861-3124