



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90028 003 ***138.75

DOCUMENT # L07000015994					
1. Entity Name MCRE, LLC					
Principal Place of Business 200 S. SHADOW BAY BOULEVARD LONGWOOD, FL 32779			Mailing Address 200 S. SHADOW BAY BOULEVARD LONGWOOD, FL 32779		
2. Principal Place of Business - No P.O. Box # 255 S. ORANGE AVENUE Suite, Apt. #, etc. SUITE 1545 City & State Orlando FL Zip 32801 Country USA		3. Mailing Address 255 S. ORANGE AVENUE Suite, Apt. #, etc. SUITE 1545 City & State Orlando FL Zip 32801 Country USA		01292008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent HARBERT, THOMAS R 225 E. ROBINSON STREET SUITE 600 ORLANDO, FL 32801				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRISON, GREGORY N 200 S. SHADOW BAY BOULEVARD LONGWOOD, FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRISON, GREGORY N 255 S. ORANGE AVENUE, SUITE 1545 ORLANDO, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 				Date: 1/31/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

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