


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 30, 2006 8:00 am
Secretary of State

05-04-2006 90032 012 ****50.00

DOCUMENT # L00000002351 1. Entity Name MCTS OF SOUTHWEST FLORIDA, L.L.C.	
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Principal Place of Business 1473 PERIWINKLE WAY SANIBEL, FL 33957	Mailing Address 1473 PERIWINKLE WAY SANIBEL, FL 33957
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DO NOT WRITE IN THIS SPACE



02142006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0961692	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PRITCHARD, WILLIAM L 1473 PERIWINKLE WAY SANIBEL, FL 33957

**DO NOT WRITE
IN THIS SPACE**

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: *William L Pritchard* 7/20/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRITCHARD, WILLIAM L 1473 PERIWINKLE WAY SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRITCHARD, ROGER C 1473 PERIWINKLE WAY SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAETA, PAUL F 1473 PERIWINKLE WAY SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAETA, MARGARETA F 1473 PERIWINKLE WAY SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *William L Pritchard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #