

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000003342

Entity Name: MCE SVIC, L.L.C.

**FILED**  
**Mar 16, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

8902 N. DALE MABRY HWY., SUITE 105  
TAMPA, FL 33614

**New Principal Place of Business:**

6812 W. LINEBAUGH AVENUE  
TAMPA, FL 33625

**Current Mailing Address:**

8902 N. DALE MABRY HWY., SUITE 105  
TAMPA, FL 33614

**New Mailing Address:**

6812 W. LINEBAUGH AVENUE  
TAMPA, FL 33625

FEI Number: 02-0534262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ENGELMANN, MARTIN C JR  
8902 N. DALE MABRY HWY., SUITE 105  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

ENGELMANN, MARTIN C JR  
6812 W. LINEBAUGH AVENUE  
TAMPA, FL 33625 US

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: MARTIN C. ENGELMANN, JR.

03/16/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: ENGELMANN, MARTIN C JR.  
Address: 8902 N. DALE MABRY HWY., SUITE 105  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ENGELMANN, MARTIN C JR.  
Address: 6812 W. LINEBAUGH AVENUE  
City-St-Zip: TAMPA, FL 33625

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: MARTIN C. ENGELMANN, JR.

MGR

03/16/2005

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