

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012906

1. Entity Name

MCC PROPERTIES, L.L.C.

Principal Place of Business

725 N. HIGHWAY A1A, SUITE C-201  
JUPITER FL 33477

Mailing Address

725 N. HIGHWAY A1A, SUITE C-201  
JUPITER FL 33477

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05 1078545

Applied For

Not Applicable

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

CURTINGTON, NORM

18909 S.E. RED APPLE LANE

JUPITER FL 33458

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Partner/Manager ☐ Delete  
NAME Norm Curington  
STREET ADDRESS 725 N Hwy A1A Ste C201  
CITY-ST-ZIP Jupiter FL 33477

☐ Change ☐ Addition  
000004509600--S  
-07/31/01--01059--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE PARTNER/Manager ☐ Delete  
NAME Renee Marsh  
STREET ADDRESS 725 N Hwy A1A Ste C201  
CITY-ST-ZIP Jupiter FL 33477

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Renee Marsh  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED ENTERED

01 JUL 2003 AM 8:47F

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE