



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90017 006 ****50.00

DOCUMENT # L00000014390 1. Entity Name MCCS, LLC					
Principal Place of Business 201 21ST AVENUE WEST BRADENTON, FL 34205			Mailing Address 5900 S. TAMiami TRAIL SUITE #1 SARASOTA, FL 34231		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 19319			
City & State		City & State SARASOTA, FL			
Zip		Zip			
Country		Country USA		03212006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 65-1056075				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent	
TRACY, CATHERINE L 2058 CONSTITUTION BLVD SARASOTA, FL 34231				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, SANDRA 201 21ST AVENUE WEST BRADENTON, FL 34205	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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: <u>Sandra Miller</u>			4-7-06 941-737-6190		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		