

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015246

FILED
Apr 30, 2004
Secretary of State

Entity Name: MPC, LLC

Current Principal Place of Business:

2039 S.E. 10TH AVE., STE 502
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

5330 N.E. 17TH AVE.
FORT LAUDERDALE, FL 33334 US

Current Mailing Address:

9 COMMERCIAL ST.
HUDSON, NH 03051

New Mailing Address:

FEI Number: 65-1064448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOBLE, L J
2039 S.E. 10TH AVE., STE 502
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

NOBLE, L J
5330 N.E. 17TH AVE.
FORT LAUDERDALE, FL 33334 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:

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WORDEN, LEONARD A
Address: 9 COMMERCIAL STREET
City-St-Zip: HUDSON, NH 03051

Title: MGRM () Delete
Name: NOBLE, LEONARD J
Address: 2039 S.E. 10TH AVE., STE 502
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WORDEN, LEONARD A
Address: 9 COMMERCIAL STREET
City-St-Zip: HUDSON, NH 03051 US

Title: MGRM (X) Change () Addition
Name: NOBLE, LEONARD J
Address: 5330 N.E. 17TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33334 US

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: LEONARD A. WORDEN

MGRM

04/30/2004

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