

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90052 005 \*\*\*\*50.00

40004062



01142006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L01000012326</b> 1. Entity Name <b>MLC INVEST, LLC</b>					
Principal Place of Business <b>2100 CONSTITUTION BLVD. SUITE 166 SARASOTA, FL 34231-4146</b>			Mailing Address <b>3118 DICK WILSON DR SARASOTA, FL 34240</b>		
2. Principal Place of Business <i>↓ new address</i> Suite, Apt. #, etc. <b>3118 Dick Wilson Dr.</b>		3. Mailing Address <i>SAME</i> Suite, Apt. #, etc. 			
City & State <b>Sarasota, FL 34240</b>		City & State 		4. FEI Number <b>65-1125857</b>	
Zip 		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RUSSELL, JOANNE 3118 DICK WILSON DR. SARASOTA, FL 34240</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RUSSELL, JOANNE 3118 DICK WILSON DR SARASOTA, FL 34240</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Joanne Russell</i>			Date <i>1-17-06</i> Debit Phone # <i>941-724-0335</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					