2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000012945

1. Entity Name
M.C.R. COMPANY, LLC

Principal Place of Business
2355 S.E. SEAFURY LANE
PORT ST. LUCIE, FL 34952

Mailing Address
2355 S.E. SEAFURY LANE
PORT ST. LUCIE, FL 34952

02142005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1143778 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORCORAN, KATHLEEN
2355 S.E. SEAFURY LANE
PORT ST. LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CORCORAN, KATHLEEN
STREET ADDRESS	1482 S E MANTH LANE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	MGR
NAME	REAGLE, LOU ANNE
STREET ADDRESS	2433 SE SISTINA STREET
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	MGR
NAME	MIRET, PAUL
STREET ADDRESS	7950 POPPY HILLS LANE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000238840
02/22/05-80017-006 50.00

DO NOT WRITE IN THIS SPACE

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: _____ 2/17/05 772-335-5154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #