

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90144 044 \*\*\*\*50.00

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04302004 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L01000021860</b> 1. Entity Name <b>MCA, LLC</b>					
Principal Place of Business <b>2819 SABER DRIVE CLEARWATER, FL 33759</b>			Mailing Address <b>2819 SABER DRIVE CLEARWATER, FL 33759</b>		
2. Principal Place of Business <b>1550 Ridge Top Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>1550 Ridge Top Drive</b> Suite, Apt. #, etc.			
City & State <b>Tarpon Springs, Florida</b> Zip <b>34688</b> Country <b>USA</b>		City & State <b>Tarpon Springs, Florida</b> Zip <b>34688</b> Country <b>USA</b>		4. FEI Number <b>43-1957933</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PRICE, DOUGLAS M 2819 SABER DR. CLEARWATER, FL 33759</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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, 2004</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 PRICE, DOUGLAS M 2819 SABER DR. CLEARWATER, FL 33759</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Douglas M. Price 1550 Ridge Top Drive Tarpon Springs, FL 34688</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PRICE, ROBIN C 2819 SABER DR. CLEARWATER, FL 33759</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Robin C. Price 1550 Ridge Top Drive Tarpon Springs, FL 34688</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PRICE, LINDSAY M 2819 SABER DR. CLEARWATER, FL 33759</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Lindsay M. Price 1550 Ridge-Top Drive Tarpon Springs, FL 34688</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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 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.					
<b>SIGNATURE:</b> <i>Robin C Price</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			04/30/04 (727) 937-6225 Date Daytime Phone #		