


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90140 026 ****50.00

DOCUMENT # L02000008903 1. Entity Name MC MANUS MARKETING SOLUTIONS, LLC					
Principal Place of Business 665 S.E. 10TH STREET, SUITE 201 DEERFIELD BEACH, FL 33441			Mailing Address 665 S.E. 10TH STREET, SUITE 201 DEERFIELD BEACH, FL 33441		
2. Principal Place of Business 4701 North Federal Hwy		3. Mailing Address 4701 North Federal Hwy			
Suite, Apt. #, etc. Suite 480		Suite, Apt. #, etc. Suite 480			
City & State Pompano Beach, FL		City & State Pompano Beach, FL		4. FEI Number 03-0434949	
Zip 33064		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33064		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTERSON, GEORGE A ATTORNEY AT LAW 665 S.E. 10TH STREET, SUITE 201 DEERFIELD BEACH, FL 33441				7. Name and Address of New Registered Agent Name PATTERSON, GEORGE A. Street Address (P.O. Box Number is Not Acceptable) 4701 North Federal Highway, Suite 480 City Pompano Beach FL Zip Code 33064	
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 <i>George A. Patterson</i> DATE 2/14/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 MC MANUS, MALCOM 665 SE 10ST SUITE 201 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MC MANUS, MALCOM 4701 North Federal Highway, Suite 480 Pompano Beach, FL 33064 <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	
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 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: <i>George A. Patterson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 2/14/06 Daytime Phone # 954-421-7100		