


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L02000015316 1. Entity Name MICO, LLC |  |
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| Principal Place of Business 3440 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33062 | Mailing Address 3440 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33062 |
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03112005No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 74-3075125 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent CLARK, THOMAS M 2400 EAST COMMERCIAL BLVD., SUITE 820 FORT LAUDERDALE, FL 33308 | DO NOT WRITE IN THIS SPACE |
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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 _____

**Filing Fee Is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BRENNEN, MICHAEL 3440 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33062 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COMER, AILEEN 3440 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33062 |
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**DO NOT WRITE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Aileen Comer March 23 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #