

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

2/1

FILED

03 FEB 28 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000020176



1. Entity Name
MCN INVESTMENTS, L.L.C.

Principal Place of Business

**675 4TH STREET
VERO BEACH FL 32962**

Mailing Address

**675 4TH STREET
VERO BEACH FL 32962**

2. Principal Place of Business

3. Mailing Address

3755 7th Terr.

Suite, Apt. #, etc.

Suite 101

Vero Beach

FL US

32960-6531



☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0798032

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FENNELL, TODD W
979 BEACHLAND BLVD
VERO BEACH FL 32963**

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Managing Member, Pres. ☐ Delete
Robert C McNally
522 Bay Dr.
Vero Beach FL 32963**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ 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.

SIGNATURE: *Robert C McNally* REQUIRED

2-6-03

772-569-0999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)