

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90028 045 \*\*\*150.00

**DOCUMENT # L03000002573**

1. Entity Name  
**MCPARTNERS, LLC**



Principal Place of Business  
**P.O. BOX 1659  
PONTE VEDRA BEACH, FL 32004**

Mailing Address  
**P.O. BOX 1659  
PONTE VEDRA BEACH, FL 32004**

**DO NOT WRITE IN THIS SPACE**



04212005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**23-3894400**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KUTHAN, BUD  
2378 PINE ISLAND CIRCLE  
JACKSONVILLE, FL 32224**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
KUTHAN, BUD  
P.O. BOX 1659  
PONTE VEDRA BEACH, FL 32004**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
KUTHAN, LINDA  
P.O. BOX 1659  
PONTE VEDRA BEACH, FL 32004**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
KUTHAN, SHAWN  
P.O. BOX 1659  
PONTE VEDRA BEACH, FL 32004**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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: *Bud Kuthan***

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

Date

Daytime Phone #

*4-27-05*

*19049922300*