

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

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



04182006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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, 2006**

9. MANAGING MEMBERS/MANAGERS

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

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05/09/06-80112-014 150.00

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IN THIS SPACE**

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: ✓ *Bud Kuthan*

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

✓ 4-25-06 19049922300

Date Daytime Phone #