

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002573

Entity Name: MCPARTNERS, LLC

FILED  
Apr 05, 2008  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 1659  
PONTE VEDRA BEACH, FL 32004

## New Principal Place of Business:

435 ATLANTIC BLVD  
ATLANTIC BEACH, FL 32233

## Current Mailing Address:

P.O. BOX 1659  
PONTE VEDRA BEACH, FL 32004

## New Mailing Address:

FEI Number: 23-3894400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KUTHAN, BUD  
Address: P.O. BOX 1659  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: MGRM ( ) Delete  
Name: KUTHAN, LINDA  
Address: P.O. BOX 1659  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: MGRM ( ) Delete  
Name: KUTHAN, SHAWN  
Address: P.O. BOX 1659  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

PRES

04/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date