2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000007059

1. Entity Name

M C T OF FL. LLC

Principal Place of Business	Mailing Address
3920N. U.S. HWY #1 VERO BEACH, FL 32960	3920N. U.S. HWY #1 VERO BEACH, FL 32960

DO NOT WRITE IN THIS SPACE

02152007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
05-0565698	Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE
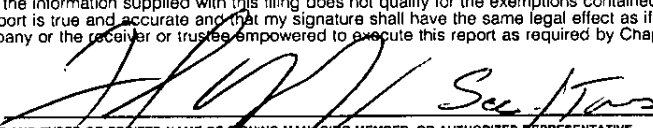
Filing Fee is $50.00
Due by May 1, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JACOBS, FRANK L JR
STREET ADDRESS	5560 EAST HARBOR VILLAGE DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32967

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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03/06/07-80085-020 50.00

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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: _____ Sec/Tas _____ 2/21/07   772-562-2288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #