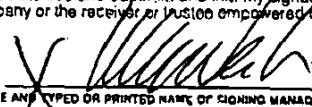


FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90094 009 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

20067076

DOCUMENT # L03000011359			
1. Entity Name MCWO3, LLC			
Principal Place of Business 951 COUNTRY CLUB BLVD CAPE CORAL, FL 33990 US		Mailing Address 951 COUNTRY CLUB BLVD CAPE CORAL, FL 33990 US	
13180 North Cleveland Ave #118			
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. North Fort Myers		Suite, Apt. #, etc.	
City & State FL		City & State	
Zip 33903		Country USA	
4. FEI Number 56-2346172		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		08192005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEIDA, MICHAEL C 157 LAS PALMAS BLVD NORTH FORT MYERS, FL 33903		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEIDA, MICHAEL C 157 LAS PALMAS BLVD NORTH FORT MYERS, FL 33903 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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 806, Florida Statutes.			
SIGNATURE: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			