

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012578

Entity Name: MCP LAND COMPANY, LLC

FILED  
Jan 21, 2006  
Secretary of State

**Current Principal Place of Business:**

107 SW 6TH STREET  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

107 SW 6TH STREET  
OKEECHOBEE, FL 34974

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEREZ, ANTONIO R ESQUIRE  
417 WEST SUGARLAND HIGHWAY  
CLEWISTON, FL 33440 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: MGR ( ) Delete  
Name: MARKHAM COY PITTS,  
Address: 107 SW 6TH STREET  
City-St-Zip: OKEECHOBEE, FL 34974

Title: MGR ( ) Delete  
Name: MARHSALL CONRAD PITT, S, III  
Address: 107 SW 6TH STREET  
City-St-Zip: OKEECHOBEE, FL 34974

**ADDITIONS/CHANGES:**

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 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: MARSHALL CONRAD PITTS, III                      MGR                      01/21/2006

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