


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000023051 1. Entity Name MCP JAX LLC	
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Principal Place of Business 8617 HAVERHILL ST. JACKSONVILLE, FL 32211 US	Mailing Address 8617 HAVERHILL ST. JACKSONVILLE, FL 32211 US
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DO NOT WRITE IN THIS SPACE



01102005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0230590	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAPPAS, MICHAEL C
8617 HAVERHILL ST.
JACKSONVILLE, FL 32211

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

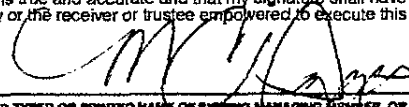
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAPPAS, MICHAEL C 8617 HAVERHILL ST. JACKSONVILLE, FL 32211
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01/20/05-80053-003 50.00

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IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:  **1-16-05** **9048993433**

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