

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90058 043 ****50.00

DOCUMENT # L03000039005					
1. Entity Name MSC ENTERPRISES, LLC					
Principal Place of Business 1806 LINDBERG LANE DAYTONA BEACH, FL 32128			Mailing Address 1806 LINDBERG LANE DAYTONA BEACH, FL 32128		
2. Principal Place of Business 1946 Southcreek Blvd.		3. Mailing Address 1946 Southcreek Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PORT ORANGE FL		City & State PORT ORANGE FL		4. FEI Number 20-0292999	
Zip 32128		Country Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRISON, CHARLES R ESQ. 1413 TROVILLIAN AVENUE WINTER PARK, FL			7. Name and Address of New Registered Agent 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAMPER, TONY C 1806 LINDBERGH LANE DAYTONA BEACH, FL 32128			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAPMER, TERI E 1806 LINDBERGH LANE DAYTONA BEACH, FL 32128			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
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.				1-25-05 386-304-5953	
SIGNATURE: <u>Teri Stamper</u>				1-25-05 386-304-5953	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	