2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1 0400001967



FILED Apr 28, 2006 8:00 am Secretary of State

1. Enlity Name MTC INVESTMENT GROUP, LLC								04-	28-2006	90022 (32 *****30	.00
Principal Place of Business 1444 E. FLETCHER AVENUE TAMPA, FL 33612			Mailing Address 1444 E. FLETCHER AVENUE TAMPA, FL 33612						· le·U		40	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04262006	∂ Ch	g-LLC	CR2I	E083 (11/05)	
City & State			City & State,				4. FEI Num 20-05	nber 572223				pplied For ot Applicable
Zip Country		Zip	Zip Country			5. Certificate of Status Desired 5. Status Desired Fee Required						
	6. Name	and Address of Curren	t Registered Agent			'	7. Name a	nd Addre	ss of New	Registere	d Agent	
O'LEARY,	D. MICHA	NEL			Name						-	
101 E. KEN TAMPA, FI		LVD., SUITE 2700		\[\sigma_{\text{\tin}\text{\tetx{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\}\tittt{\text{\text{\text{\texi}\text{\texit{\text{\texi}\tittt{\text{\texit{\text{\texit{\texi\texi{\texi}\tiint{\texit{\tet{\texi{\texi{\texi{\texi{\texi}\tint{\texi{\texi}\texit{\t			P.O. Box Num	nber is No	ot Acceptat	ole)		
					City					F	Zip Cod	te
	named entitions of regist		or the purpose of changing	its register	red office or	registere	ed agent, or t	ooth, in th	e State of f	•		, and accept
SIGNATURE .	Signature, typed	or printed name of registered agen	it and title it applicable. (f	NOTE: Registere	ed Agent signatu	ura required	when reinstating)			DATE		
Filing Fee is \$50.00 Due by May 1, 2006												
								į			payable to ment of Stat	t e
			ERS/MANAGERS	10.					Flori	da Depart	ment of Stat	le
Di	MGR CHAUND	MANAGING MEMB RY, OMAR T ST FLETCHER AVENU	☐ Delete	TITL NAA Str	LE .	MG CHI 144	R AUDHR EY E	FIEL	ADDITION OMA CHER	da Depart S/CHANGI K AVE	ment of Stat	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR CHAUND	MANAGING MEMB	☐ Delete	TITL NAA STR CITY TITL	LE ME BEET ADDRESS Y-ST-ZIP	MG CH 144 TA	R AUDHR Y E MPA	FIEC FL	ADDITION OMA CHER	da Depart S/CHANGI K AVE	ment of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAUND 1444 EAS TAMPA, F	MANAGING MEMB RY, OMAR T ST FLETCHER AVENU	☐ Delete	TITL NAA STR CIT' TITL NAA STR	LE ME BEET ADDRESS Y-ST-ZIP	MG CH 144 TA	R AUDHR Y E MPA	FIEC FL	ADDITION OMA CHER	da Depart S/CHANGI K AVE	ES Change	Addition
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Thereby certify that the information supplied with this filling 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:
SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE