

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


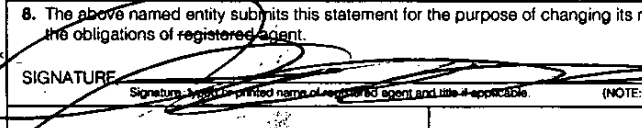

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Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90429 045 ****50.00

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03032005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000018336					
1. Entity Name MC ONE, LLC					
Principal Place of Business 3665 BEE RIDGE RD, STE 310 SARASOTA, FL 34233			Mailing Address 3665 BEE RIDGE RD, STE 310 SARASOTA, FL 34233		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0837860	
				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 TURNER, JAMES L 200 S ORANGE AVE SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Jaime S. Carrion Street Address (P.O. Box Number is Not Acceptable) 3665 Bee Ridge Rd. #310 City Sarasota FL Zip Code 34233	
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 				Jaime S. Carrion, President March 4, 2005 (NOTE: Registered Agent signature required when reinstating) DATE	
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Carrion, Jaime S. 3665 Bee Ridge Rd. #310 Sarasota, FL 34233 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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"/> Change <input type="checkbox"/> 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 608, Florida Statutes.					
SIGNATURE 				Jaime S. Carrion 3/4/05 (941) 923-4551 Date Daytime Phone #	