2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000018341

1. Entity Name MC TWO, LLC



FILED Apr 17, 2006 08:00 AN Secretary of State

Principal Place of Business

3665 BEE RIDGE RD, STE 310 SARASOTA, FL 34233 Mailing Address

3665 BEE RIDGE RD, STE 310 SARASOTA, FL 34233



04062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0837901 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARRION, JAMIE S 3665 BEE RIDGE RD #310 SARASOTA, FL 34233

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	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. It am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signalure required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRION, JAIME S 3665 BEE RIDGE RD #310 SARASOTA, FL 34233		<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
TITLE				

11. I hereby certify that the information supplied with this filing 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.

Jaime S. Carrion

04/10/06

(941) 923-4551

SIGNATURE SIGNATURE DUE TYPE

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #