FILED 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT May 01, 2006 08:00 AM Secretary of State DOCUMENT # L04000040303 MCT, LLC Principal Place of Business Mailing Address 28471 U.S. HWY 19 NORTH, SUITE 514 28471 U.S. HWY 19 NORTH, SUITE 514 CLEARWATER, FL 33761 CLEARWATER FL 33761 04282006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4283521 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent TODOROFF, JOHN L DO NOT WRITE 2400 WINDING CREEK BLVD. BUILDING 20B, UNIT 204 IN THIS SPACE CLEARWATER, FL 33761 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 Fiorida. I am familiar with, and accept the obligations of register -26-06 (NOTE: Registered Agent signature required when reinstating) ame of registered agent and pile if applicable. Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGR TITLE TODOROFF, JOHN L NAME STREET ADDRESS 2400 WINDING CREEK BLVD., BLDG 20B #204 CHY-ST-IN CLEARWATER, FL 33761 TITLE 1100000547531 MARKE 05/12/06-80028-822-50.00 STREET ADDRESS CITY-ST-20P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-51-ZIP TITLE

11. I hereby certily that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information indicated on this report is true and docurate and that my signature shall have the same legal effect as if made under certify that I am a managing member or manager of the limited liability company or the receiver or flusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-DP

SIGNATURE AND TYPED OF FRINTED MAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

127-7410102

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