

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047029

Entity Name: MC DEVELOPMENT GROUP, LLC

FILED  
Apr 27, 2006  
Secretary of State

**Current Principal Place of Business:**

4418 BELDEN VILLAGE ST., NW  
NORTH CANTON, OH 44718

**New Principal Place of Business:**

4686 DOUGLAS CIRCLE NW  
CANTON, OH 44718

**Current Mailing Address:**

4418 BELDEN VILLAGE ST., NW  
NORTH CANTON, OH 44718

**New Mailing Address:**

4686 DOUGLAS CIRCLE NW  
CANTON, OH 44718

FEI Number: 77-0639076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AGENTS AND CORPORATIONS, INC.  
SUITE E, 773 4TH AVENUE, NORTH  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MYERS, TOM  
Address: 4418 BELDEN VILLAGE ST., NW  
City-St-Zip: NORTH CANTON, OH 44718

Title: MGRM ( ) Delete  
Name: CLARK, TODD M  
Address: 1115 S. 4TH STREET  
City-St-Zip: LOUISVILLE, KY 40203

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MYERS, TOM  
Address: 4686 DOUGLAS CIRCLE NW  
City-St-Zip: CANTON, OH 44718

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS MYERS

MGRM

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date