

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085757

Entity Name: MPC INVESTORS, LLC

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

3300 TAMIAMI TRAIL, SUITE 103
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

3300 TAMIAMI TRAIL, SUITE 103
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 25-1907803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLUHARTY, GREGORY
3300 TAMIAMI TRAIL, SUITE 103
PORT CHARLOTTE, FL 33952 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: MGR () Delete
Name: FLUHARTY, GREGORY
Address: 3300 TAMIAMI TRAIL, SUITE 103
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR () Delete
Name: MCDONOUGH, DENNIS
Address: 23041 HARBORVIEW RD.
City-St-Zip: PORT CHARLOTTE, FL 33950

Title: MGR () Delete
Name: FIORE-BROOKS, CYNTHIA
Address: 3138 SCRANTON ST.
City-St-Zip: PORT CHARLOTTE, FL 339527179

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: GREGORY B. FLUHARTY

MGR

04/23/2008

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