

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000094040

1. Entity Name
MPC INVESTMENTS, L.L.C.



Principal Place of Business
**15 W. CHURCH ST., SUITE 201
ORLANDO, FL 32801**

Mailing Address
**15 W. CHURCH ST., SUITE 201
ORLANDO, FL 32801**



01042006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2195182

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORENO, ANTONIO L JR.
15 W. CHURCH ST., SUITE 201
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MORENO, ANTONIO L JR.
15 W. CHURCH ST., SUITE 201
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
PEELEN, SCOTT
15 W. CHURCH ST., SUITE 201
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

000000378680
01/09/06-80014-025 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

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

1/4/06

Date

407 246 1515

Daytime Phone #