

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000000886

1. Entity Name
MCTJFC, LLC



Principal Place of Business
**1226 SW MAIN BLVD.
LAKE CITY, FL 32025**

Mailing Address
**P.O. BOX 2204
LAKE CITY, FL 32056**



01252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3137550

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRADEN, LISA
4623 FOREST HILL BLVD, STE 111
WEST PALM BEACH, FL 33415**

**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**

U000000445314
03/07/06-80037-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JEAN-FELERT CADET
STREET ADDRESS	1226 SW MAIN BLVD.
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	MGRM
NAME	MARIE CARMELLE THEVENIN-CADET
STREET ADDRESS	1226 SW MAIN BLVD.
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *MARIE C. THEVENIN-CADET*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

2/21/06