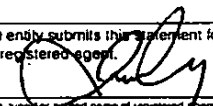


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/6/2005-90047-021-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 22 AM 10:46

DOCUMENT # L05000001393					
1. Entity Name MCID, LLC					
Principal Place of Business 7890 BUCCANEER DRIVE FT. MYERS, FL 33931			Mailing Address 14408 WOODHILL CIRCLE MINNETONKA, MN 55345		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	08292005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 02-2293111				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRUZ, JOSEPH 7890 BUCCANEER DRIVE FT. MYERS, FL 33931			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  DATE 9/19/05 Signature, typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CRUZ, JOSEPH 14408 WOODHILL CIRCLE MINNETONKA, MN 55345	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CRUZ, JEFFREY L 14408 WOODHILL CIRCLE MINNETONKA, MN 55345	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 			9/19/05 612-750-3159 Date Daytime Phone #		

REINSTATEMENT 2005