

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000001393 1. Entity Name MCID, LLC	
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Principal Place of Business 7890 BUCCANEER DRIVE FT. MYERS, FL 33931	Mailing Address 14408 WOODHILL CIRCLE MINNETONKA, MN 55345
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02152006 No Chg-LLC

CR2ED83 (11/05)

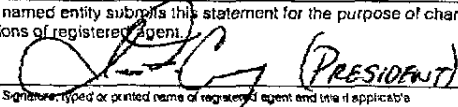
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4. FEI Number 02-2293111	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CRUZ, JOSEPH 7890 BUCCANEER DRIVE FT. MYERS, FL 33931
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IN THIS SPACE**

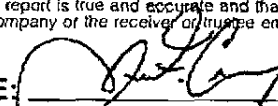
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  (PRESIDENT)	DATE 3/5/06
Signature typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRUZ, JOSEPH 14408 WOODHILL CIRCLE MINNETONKA, MN 55345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRUZ, JEFFREY L 14408 WOODHILL CIRCLE MINNETONKA, MN 55345
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03/20/06-80050-023 50.00

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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 60B, Florida Statutes.	
SIGNATURE: 	DATE 3/5/06 (612) 928-7835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	DATE Daytime Phone #