2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000001393

1. Entity Name
MCID, LLC

Principal Place of Business	Mailing Address
7890 BUCCANEER DRIVE FT. MYERS, FL 33931	14408 WOODHILL CIRCLE MINNETONKA, MN 55345

DO NOT WRITE IN THIS SPACE

02152006No Chg-LLC CR2E083 (11/05)

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

CRUZ, JOSEPH
7890 BUCCANEER DRIVE
FT. MYERS, FL 33931

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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) 3/5/06
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	MGRM
NAME	CRUZ, JOSEPH
STREET ADDRESS	14408 WOODHILL CIRCLE
CITY-ST-ZIP	MINNETONKA, MN 55345
TITLE	MGRM
NAME	CRUZ, JEFFREY L
STREET ADDRESS	14408 WOODHILL CIRCLE
CITY-ST-ZIP	MINNETONKA, MN 55345
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE: 3/5/06 (612) 928-7835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #