2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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ANNUAL REPORT DOCUMENT # L05000001393 1. Entity Name



Principal Place of Business

MCID, LLC

7890 BUCCANEER DRIVE FT. MYERS, FL 33931 Mailing Address

14408 WOODHILL CIRCLE MINNETONKA, MN 55345

FILED Apr 24, 2008 08:00 AM Secretary of State



04072008 No Chg-LLC

CR2E083 (12/07)

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

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

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 c	hanging its registere	ed office or registered agent	, or both,	in the State of Florida.	I am familiar with, and	accept
	the obligations of registered agent.						

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 05/14/08-80056-019 138.75

MANAGING MEMBERS/MANAGERS MGRM TITLE CRUZ, JOSEPH NAME STREET ADDRESS 14408 WOODHILL CIRCLE CITY-ST-ZIP MINNETONKA, MN 55345 MGRM TITLE CRUZ, JEFFREY L NAME STREET ADDRESS 14408 WOODHILL CIRCLE CITY-ST-ZIP MINNETONKA, MN 55345 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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:

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

4/20/08

6/2-750-315

Daytime Phone