


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90201 028 ****50.00


DOCUMENT # L05000006166

1. Entity Name
MC SEPTIC ENGINEERING, L.L.C.



Principal Place of Business Mailing Address
909 D TAMIAMI TR. **909 D TAMIAMI TR.**
PORT CHARLOTTE, FL 33953 **PORT CHARLOTTE, FL 33953**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03042006 Chg-LLC CR2E083 (11/05)

4. FEI Number	84-1668832	Applied For
		Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MCPHERSON, CHRIS
909 D TAMIAMI TR.
PORT CHARLOTTE, FL 33953

7. Name and Address of New Registered Agent

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 **N/A** DATE **3-6-06**
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	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KESTNER, MARK	
STREET ADDRESS	301 W. WILLIAM STREET	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DEUBNER, MARY	
STREET ADDRESS	301 W. WILLIAM ST	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MCPHERSON, CHRISTOPHER I	
STREET ADDRESS	4007 BILLINGHAM LANE	
CITY-ST-ZIP	NORTH PORT, FL 34288	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  Date **3-6-06** Daytime Phone # **(941) 766-1415**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE