

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED

07 FEB 20 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02202007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000010865 1. Entity Name MCT CONTRACTORS LLC	
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Principal Place of Business P.O. BOX 1147 HAVANA, FL 32333	Mailing Address P.O. BOX 1147 HAVANA, FL 32333
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2. Principal Place of Business - No P.O. Box # 101 WEST MARION ST Suite, Apt. #, etc.	3. Mailing Address 101 WEST MARION ST Suite, Apt. #, etc.
City & State CHATTANOOGA, FL. Zip 32324 Country GA	City & State CHATTANOOGA, FL. Zip 32324 Country GA

6. Name and Address of Current Registered Agent THIGPEN, MARTIN 3658 SHADY REST ROAD HAVANA, FL 32333	7. Name and Address of New Registered Agent Name MARTIN THIGPEN Street Address (P.O. Box Number is Not Acceptable) 101 WEST MARION ST. City CHATTANOOGA, FL Zip Code 32324
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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 Martin Thigpen DATE 2/20/07

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, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THIGPEN, MARTIN P.O. BOX 1147 HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN THIGPEN 101 WEST MARION ST. CHATTANOOGA, FL. 32324 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200089696592 02/28/07--01027--016 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Martin Thigpen DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

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