2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 26, 2007 08:00 AM Secretary of State

DOCUMENT # L0	5000029839
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1. Entity Name MCC & VAND I, LLC



Principal Place of Business

Mailing Address

9625 WILSHIRE LAKES BLVD. NAPLES, FL 34109 9625 WILSHIRE LAKES BLVD. NAPLES, FL 34109



02212007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied For	
20-2568284	 Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

BRINKMAN, LINDA C 4001 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES, FL 34103

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	bove named entity submits this statement for the purpose of cha pligations of registered agent,	anging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar	with, and accep
SIGNATL	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE (Uminimina) Alizania	
	Filing Fee is \$50.00 Due by May 1, 2007		03/07/07-80008-001	50.00
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	VAN DAME, SCOTT			

STREET ADDRESS 9625 WILSHIRE LAKES BLVD. CITY-ST-ZIP NAPLES, FL 34109 TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE 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 filling 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 COST Van AVS

2/23/07

Daytime Phone #