


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90037 008 \*\*\*\*50.00

<b>DOCUMENT # L05000030729</b> 1. Entity Name <b>MPC 1, LLC</b>					
Principal Place of Business <del>1560 LATHAM ROAD, NO. 7</del> <b>2257 Vista Pkwy #17</b> <del>WEST PALM BEACH, FL 33409</del> <b>33411</b>				Mailing Address <del>1560 LATHAM ROAD, NO. 7</del> <b>2257 Vista Pkwy #17</b> <del>WEST PALM BEACH, FL 33409</del> <b>33411</b>	
2. Principal Place of Business <del>1560 LATHAM ROAD, NO. 7</del> <b>2257 Vista Parkway #17</b> Suite, Apt. #, etc. <b>#17</b>				3. Mailing Address <del>1560 LATHAM ROAD, NO. 7</del> <b>2257 Vista Parkway</b> Suite, Apt. #, etc. <b>#17</b>	
City & State <b>West Palm Beach, FL</b> Zip <b>33411</b> Country <b>US</b>		City & State <b>West Palm Beach, FL</b> Zip <b>33411</b> Country <b>US</b>		4. FEI Number <b>41-2175012</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>JACOBSON, ANDREW M</b> <b>712 U.S. HIGHWAY ONE, SUITE 400</b> <b>NORTH PALM BEACH, FL 33408</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCRANEY, STEVEN E <b>2257 Vista Pkwy #17</b> <del>1560 LATHAM ROAD, NO. 7</del> <b>33411</b> <del>WEST PALM BEACH, FL 33409</del>			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE:</b> <u><i>Steven E. McCrane</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>4/26/06</b> Daytime Phone # <b>561-478-4300</b>	