
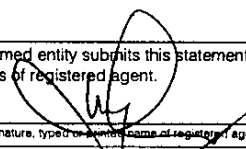
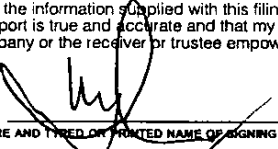


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90001 003 ****55.00

| | | | |
|---|---------------------------------|---|---|
| DOCUMENT # L05000033854 1. Entity Name MCCE MANAGEMENT, LLC | |  | |
| Principal Place of Business 1680 FRUITVILLE ROAD, #102 SARASOTA, FL 34236 | | Mailing Address 1680 FRUITVILLE ROAD, #102 SARASOTA, FL 34236 | |
| 2. Principal Place of Business 409 WALLS WAY | | 3. Mailing Address 409 WALLS WAY | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State OSPREY FL | | City & State OSPREY FL | |
| Zip 34229 | | Zip 34229 | |
| Country U.S.A. | | Country U.S.A. | |
| 4. FEI Number 20-2720333 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BAND, GREGORY S ESQ 1680 FRUITVILLE ROAD, #102 SARASOTA, FL 34236 | | 7. Name and Address of New Registered Agent Name DIXON, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 409 WALLS WAY City OSPREY FL Zip Code 34229 | |
| 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  MICHAEL DIXON 3/6/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR DIXON, MICHAEL J. 409 WALLS WAY OSPREY FL 34229 | <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 |
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| 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:  | | MICHAEL DIXON 3/6/2006 941-918-4902 <small>Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #</small> | |