## 2008 LIMITED LIABILITY COMPANY

SIGNATURE

TIPED OR PRINTED NAME OF SIG

## ANNUAL REPORT FILED **DOCUMENT # L05000043328** Jan 25, 2008 08:00 Al **Secretary of State** MCM & ASSOCIATES LLC Principal Place of Business Mailing Address 3100 BURRIS ROAD 3100 BURRIS ROAD **DAVIE, FL 33314 DAVIE. FL 33314** 01222008 No Cha-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2794766 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PROULX, CLEMENT DO NOT WRITE 2000 N. OCEAN DR. **SUITE 105** IN THIS SPACE HOLLYWOOD, FL 33019 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, typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when reinstating) U00000798693 FILE NOW!!! FEE IS \$138.75 01/30/08-80038-013 138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS TITLE MGR PROULX, CLEMENT NAME 2000 N. OCEAN DRIVE SUITE 105 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33019 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CRY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F 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.

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