

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052750

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: MCM, LLC

**Current Principal Place of Business:**

25 HIBISCUS ROAD  
BELLAIRE, FL 33765 US

**New Principal Place of Business:**

25 HIBISCUS ROAD  
BELLEAIR, FL 33756 US

**Current Mailing Address:**

PO BOX 3634  
SEMINOLE, FL 33775

**New Mailing Address:**

FEI Number: 20-3355863      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BARLET, CHARLES W  
9418 SCOTT DRIVE  
LARGO, FL 33777 US

**Name and Address of New Registered Agent:**

BARLET, CHARLES W  
3724 SHADY BLUFFS DR.  
LARGO, FL 33770 US

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.

SIGNATURE: \_\_\_\_\_

04/18/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BARLET, CHARLES W  
Address: 9418 SCOTT DRIVE  
City-St-Zip: LARGO, FL 33777 US

Title: MGRM ( ) Delete  
Name: MICHAEL, MARK E  
Address: 6100 86TH AVE. N.  
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: MGRM ( ) Delete  
Name: CURLEY, GAIL E  
Address: 25 HIBISCUS ROAD  
City-St-Zip: BELLAIRE, FL 33756 US

Title: MGRM ( ) Delete  
Name: GILBERT, MARK J  
Address: 1401 NURSERY ROAD  
City-St-Zip: CLEARWATER, FL 33756 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BARLET, CHARLES W  
Address: 3724 SHADY BLUFFS DR.  
City-St-Zip: LARGO, FL 33770 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: CURLEY, GAIL M  
Address: 25 HIBISCUS ROAD  
City-St-Zip: BELLEAIR, FL 33756 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GAIL M. CURLEY

MGRM

04/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date