

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 APR 26 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L05000053314	
1. Entity Name MC COMMUNICATIONS, LLC	



Principal Place of Business 1943 TANGLEDVINE DRIVE WESLEY CHAPEL, FL 33543 US	Mailing Address 1943 TANGLEDVINE DRIVE WESLEY CHAPEL, FL 33543 US
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2. Principal Place of Business 28827 Falling Leaves Way Suite, Apt. #, etc.	3. Mailing Address 28827 Falling Leaves Way Suite, Apt. #, etc.
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City & State Wesley Chapel, FL Zip 33543 Country	City & State Wesley Chapel, FL Zip 33543 Country
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04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2959816	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent Name Trevor Ann Brumbley Street Address 9391 Gamble Rd. City Monticello FL Zip Code 32344	
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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: Trevor Ann Brumbley DATE: 4/27/06	
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHASE, MICHAEL S 1943 TANGLEDVINE DRIVE WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	28827 Falling Leaves Way Wesley Chapel, FL 33543 <input checked="" 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	MGRM Michael T. Pierson 10875 92nd Ave. Seminole, FL 33772 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Trevor Ann Brumbley 9391 Gamble Rd. Monticello, FL 32344 <input type="checkbox"/> Change <input checked="" 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700073395037 05/01/06--01014--012 **\$50.00 4/28/06 <input checked="" 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: Trevor Ann Brumbley SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	4/27/06 Date	Daytime Phone #
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