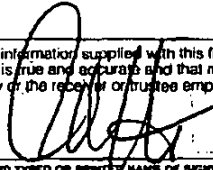


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

04-28-2006 90022 013 ****55.00

DOCUMENT # L05000083067 1. Entity Name MC WARREN LLC					
Principal Place of Business 919 FRUIT COVE ROAD JACKSONVILLE, FL 32259			Mailing Address 919 FRUIT COVE ROAD JACKSONVILLE, FL 32259		
2. Principal Place of Business		3. Mailing Address PO Box 600 797			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State JAX FL 32260		4. FEI Number 20-3445219	
Zip	Country	Zip 32260	Country US	5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TESSITORE, MICHAEL A 215 EAST LIVINGSTON STREET ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
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	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
			DANIEL A. WARREN 919 FRUIT COVE Rd. Jacksonville, FL 32259		
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: 			4/22/06 901 248 8720		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		