2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000085508

1. Entity Name
MCOS INVESTMENTS, LLC



FILED Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

SMITH, DENNIS D ESQ.

C/O TRIPP SCOTT, P.A.

110 SE 6TH STREET, 15TH FLOOR FORT LAUDERDALE, FL 33301

24 NE 24TH AVENUE

SUITE 102

POMPANO BEACH, FL 33062-5206 US

Mailing Address

24 NE 24TH AVENUE

SUITE 102

POMPANO BEACH, FL 33062-5206 US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04012008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3379674

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Certificate of Status Besiled

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EN E NOWN EEE 10 \$420 75			
Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	_
SIGNATURE			
The above named entity submits this statement for the purpose of cha the obligations of registered agent.	nging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept	
		了进行对于这种 性性。这种主义 是是	_

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COSTANTINI, MICHAEL 24 NE 24TH AVENUE, SUITE 102 POMPANO BEACH, FL 330625206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SY-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 🛭

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/18/01

Daytime Phone #