2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000140597

1. Entity Name MRCC VENTURES, LLC



FILED
Jun 18, 2008 08:00 AM
Secretary of State

Principal Place of Business

13400 PONDEROSA WAY FT. MYERS, FL 33907 Mailing Address

13400 PONDEROSA WAY FT. MYERS, FL 33907 US



06142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3801603 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KNIFIC, RANDOLPH 13400 PONDEROSA WAY FT. MYERS, FL 33907

DO NOT WRITE IN THIS SPACE

FT. MYERS, FL 33907			IN THIS SPACE		
	e named entity submits this statement for tions of registered agent.	the purpose of changing its registere	d office or registered agent, or bot	th, in the State of Florida. I am familiar with, and accep	
SIGNATURE.	Signature, typed or printed name of registered agent a	nd trite if applicable. (NOTE, Registered	Agent signature required when reinstating)	DATE	
FIL Due	E NOW!!! FEE IS \$138.75 by September 12, 2008	In accordance with s. 607.1: liability company did not rec	93(2)(b), F.S., the limited eive the prior notice.		
9.	MANAGING MEMBE	RS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KNIFIC, RANDOLPH 13400 PONDEROSA WAY FT. MYERS, FL 33907			U00000953227 06/18/08-80002-015 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			in 1	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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:

CITY-ST-ZIP

Soll

114/08

239 851 7989

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

Date

Daytme Phone #