

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000120345

1. Entity Name
MCCM, LLC



FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90150 032 *****55.00

Principal Place of Business
1304 W. FAIRBANKS AVENUE
WINTER PARK, FL 32789

Mailing Address
1304 W. FAIRBANKS AVENUE
WINTER PARK, FL 32789

2. Principal Place of Business

1055 MAITLAND CENTER COMMONS
Suite, Apt. #, etc.

3. Mailing Address

1055 MAITLAND CENTER COMMONS
Suite, Apt. #, etc.

City & State

MAITLAND, FL

City & State

MAITLAND, FL

Zip

32751

Country

ORANGE

Zip

32751

Country

ORANGE

02062006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

75-3205245

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLY, ARTHUR
1304 W. FAIRBANKS AVENUE
WINTER PARK, FL 32789
1055 MAITLAND CENTER COMMONS
MAITLAND, FL 32751

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-06

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
ARTHUR D ALLY
1055 MAITLAND CENTER COMMONS
MAITLAND, FL 32751

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
ARTHUR D. ALLY
SAME

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

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

2-6-06

Date

800 8467526

Daytime Phone #