## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Dora Maria C. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

## FILED Apr 11, 2007 8:00 am Secretary of State

941-923-4551

4/4/07

| DOCUMENT # L06000005866  1. Entity Name MC THREE, LLC   |                 |                              |  |             |   |             |  | 04-11-200           | )7 90156       | 5014 ****   | 50.00                     |
|---|-----------------|------------------------------|--|-------------|---|-------------|--|---------------------|----------------|---|---------------------------|
| Principal Place of Business Mailing Address   |                 |                              |  |             |   |             |  |                     |                |   |                           |
| 3665 BEE RI<br>Sarasota, F  |                 | 310                          | 3665 BEE RIDGE SUITE 310<br>SARASOTA, FL 34233   |             |   |             |  |                     | H) 80111 CD(C) | ika ing marangan sa |                           |
| 2. Principal P  | lace of Busin   | ness - No P.O. Box #         | 3. Mailing Address                               |             |   |             |  |                     |                |   |                           |
| Suite, Apt. #, etc.   |                 |                              | Suite, Apt. #, etc.                              |             |   |             | 03192007   | Chg-LLC             | CR2E           | 083 (12/06)   |                           |
| City & State  |                 |                              | City & State                                     |             |   |             | 4. FEI Number 20-4.                                  | er<br>128307        |                |   | plied For<br>t Applicable |
| Žip   |                 | Country                      | Zip Country                                      |             |   |             | 5. Certificate                                       | of Status Desired   |                | \$5.00 Add<br>Fee Required                              |                           |
|   | 6. Name         | and Address of Current F     | 7. Name and Address of New Registered Agent Name |             |   |             |  |                     |                |   |                           |
| TURNER, JAMES L<br>200 SOUTH ORANGE AVE.  |                 |                              |  |             | Jaime S. Carrion  |             |  |                     |                |   |                           |
| SARASOTA, FL 34236  |                 |                              |  |             | Street Address (P.O. Box Number is Not Acceptable) 3665 Bee Ridge Rd #310 |             |  |                     |                |   |                           |
|   |                 |                              |  |             |   |             | agota  |                     | FL             | 2Zin Code   | 3                         |
| 8. The above naged 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 according to the purpose of changing its registered agent, or both, in the State of Florida.                                |                 |                              |  |             |   |             |  |                     |                |   | and accept                |
| the obligations of registered agent.  SIGNATURE 4/4/07  |                 |                              |  |             |   |             |  |                     |                |   |                           |
| Signal vs. lyted or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |                 |                              |  |             |   |             |  |                     |                |   |                           |
| Filing Fee is \$50.00<br>Due by May 1, 2007   |                 |                              |  |             |   |             | Make check payable to<br>Florida Department of State |                     |                |   |                           |
| 9.  |                 | MANAGING MEMBER              | RS/MANAGERS 10.                                  |             |   |             |  | ADDITIONS           |                | 3   |                           |
| TITLE   | រភព             | , i , i ember                | ☐ Delete TITL                                    |             | ļ   | Mana        | aging Me<br>ne S. Ca                                 | mber M              | GRAN           | ☐ Change  | <b>★</b> Addition         |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ,               |                              |  |             | IE<br>EET ADDRESS<br>'-ST-ZIP   | 3665        | ne s. ca<br>5 Bee Ri<br>asota, I                     | dge Rd.#            | 310            |   |                           |
| TITLE<br>NAME   |                 |                              | ☐ Delete   | IIIL        |   |             |  |                     |                | ☐ Change  | Addition                  |
| STREET ADORESS  |                 |                              |  |             | EET ADDRESS<br>'-ST-ZIP   |             |  |                     |                |   | }                         |
| TITLE   |                 |                              | ☐ Delete   | TITL        | 1   |             |  |                     | <del></del>    | ☐ Change  | Addition                  |
| NAME<br>STREET ADDRESS  |                 |                              |  | NAM<br>STRE | IE<br>Eet adoress   |             |  |                     |                |   |                           |
| C!TY-ST-ZIP   |                 |                              |  | CITY        | '-ST-ZIP  |             |  |                     |                |   |                           |
| TITLE   |                 |                              | ☐ Delete   | TITE        |   |             |  |                     |                | Change  | Addition                  |
| NAME<br>STREET ADORESS  |                 |                              |  | NAM<br>STRI | ie<br>Eet address   |             |  |                     |                |   |                           |
| CITY-ST-ZIP   |                 |                              |  |             | '-ST-ZIP  |             |  |                     |                |   |                           |
| TITLE   |                 |                              | ☐ Delete   | TITL        |   |             |  |                     |                | ☐ Change  | ☐ Addition                |
| NAME<br>STREET ADDRESS  |                 |                              |  | NAM         | KE<br>Eet address   |             |  |                     |                |   |                           |
| CITY-ST-ZIP   |                 |                              |  |             | r-ST-ZIP  |             |  |                     |                |   |                           |
| TITLE   |                 |                              | ☐ Delete   | TITL        | E :   |             |  |                     |                | ☐ Change  | ☐ Addition                |
| NAME<br>CYDEET ADDOCES  |                 |                              |  | NAM         | ME<br>Eet adoress   |             |  |                     |                |   | [                         |
| STREET ADDRESS<br>CITY-ST-ZIP   |                 |                              |  |             | ee i adukess<br>(-ST-ZIP  |             |  |                     |                |   |                           |
| 11. I hereby  | certify that th | ne information supplied with | this filing does not qualify fo                  | r the exe   | emptions co   | ontained in | n Chapter 119  | Florida Statutes. I | further certi  | fy that the info  | rmation                   |
| 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. |                 |                              |  |             |   |             |  |                     |                |   |                           |