


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90255 018 *****50.00

DOCUMENT # L06000113351	
1. Entity Name MPC, LLC	

Principal Place of Business 201 N. LAKEMONT AVENUE WINTER PARK, FL 32792 US	Mailing Address 201 N. LAKEMONT AVENUE WINTER PARK, FL 32792 US
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60037809



2. Principal Place of Business - No P.O. Box # <i>1510 Alabama Dr.</i>	3. Mailing Address <i>1510 Alabama Dr.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02062007 Chg-LLC CR2E083 (12/06)

City & State <i>WINTER PARK, FLA.</i>	City & State <i>WINTER PARK, FLA.</i>
Zip <i>32789</i>	Country <i>U.S.</i>
Country <i>U.S.</i>	Zip <i>32789</i>

4. FEI Number <i>20-8021283</i>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ABUFARIS, MICHAEL 201 N. LAKEMONT AVENUE WINTER PARK, FL 32792	
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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 reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHAEL ABUFARIS REVOCABLE TRUST 201 N. LAKEMONT AVENUE WINTER PARK, FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	Date: <i>2/15/07</i>	Daytime Phone #: <i>(407) 629-6400</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		