

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

04-21-2008 90311 001 ***138.75

DOCUMENT # L07000027717

1. Entity Name
MCOP HOLDINGS, LLC



Principal Place of Business
**8374 MARKET STREET, #519
 LAKEWOOD RANCH, FL 34202**

Mailing Address
**8374 MARKET STREET, #519
 LAKEWOOD RANCH, FL 34202**

30006951



2. Principal Place of Business - No P.O. Box #
1819 Main St #207

3. Mailing Address
1819 Main St

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#207

04042008 Chg-LLC CR2E083 (12/06)

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
20-8802172

Applied For
 Not Applicable

Zip
34236

Country
Sarasota

Zip
34236

Country
Sarasota

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, MICHAEL J
 200 SOUTH ORANGE AVENUE
 SARASOTA, FL 34236**

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 reissuing)

DATE

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

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME **Gary H. Moyer - Manager** Delete
 STREET ADDRESS **1819 Main St #207**
 CITY-ST-ZIP **Sarasota, FL 34236**

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **Karen Cook - Manager** Delete
 STREET ADDRESS **1819 Main St #207**
 CITY-ST-ZIP **Sarasota, FL 34236**

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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:

Karen Cook

4-18-08

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

Date

Daytime Phone #