

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 03, 2008 8:00 am
Secretary of State

01-22-2008 90117 012 ***138.75

DOCUMENT # L07000085421 1. Entity Name MC SAMPLE 12, LLC					
Principal Place of Business 2501 NW 34TH PLACE, STE. 35 POMPAÑO BEACH, FL 33069			Mailing Address 2501 NW 34TH PLACE, STE. 35 POMPAÑO BEACH, FL 33069		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 20-2452921			Applied For <input type="checkbox"/> \$5.00 Additional Fee Required <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			01152008 Chg-LLC CR2E083 (12/06)		
6. Name and Address of Current Registered Agent MAGUIRE, MICHAEL D 2501 NW 34TH PLACE, SUITE A-12 POMPAÑO BEACH, FL 33069			7. Name and Address of New Registered Agent Name MAGUIRE, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 2501 NW 34TH PLACE SUITE 35 City Pompano Beach FL Zip Code 33069		
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 <u>Michael Maguire</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/15/08</u>					
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 STREET ADDRESS CITY-ST-ZIP	MGR MAGUIRE, MICHAEL 5308 MARINA CIRCLE BOCA RATON, FL 33486	<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	MGR CHIRINSKY, ERIC 5598 NE 7TH AVENUE BOCA RATON, FL 33487	<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	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>1/15/08</u> 954-691-0750 <small>Daytime Phone #</small>		