


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR).

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90088 035 \*\*\*\*\*50.00

<b>DOCUMENT # M03000001268</b>		
1. Entity Name <b>MLC, L.L.C.</b>		

Principal Place of Business <b>68 BAYBRIDGE GULF BREEZE FL 32561</b>	Mailing Address <b>P.O. BOX 99 GULF BREEZE FL 32562</b>
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2. Principal Place of Business <b>77 Baybridge Office Pk.</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Gulf Breeze, FL</b>	City & State
Zip <b>32561</b>	Country <b>Santa Rosa</b>



1st MOORE CR2E083 (10/04)

4. FEI Number <b>63-1130968</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>LYONS, MARK III 68 BAYBRIDGE GULF BREEZE FL 32561</b>		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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LYONS, MARK III P.O. BOX 99 GULF BREEZE FL 32562-0099 <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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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Mark Lyons III **MARK LYONS III** 4/7/05 850 9340440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #