2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 04, 2007 08:00 All Secretary of State **DOCUMENT # M05000001969** 1. Entity Name MCVR PARTNERS, LLC Principal Place of Business Mailing Address 2050 RUSSETT WAY 2050 RUSSETT WAY CARSON CITY, NV 89703 CARSON CITY, NV 89703 01092007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2278189 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent INEZEDY, MARLIES DO NOT WRITE 1080 GULFSTREAM WAY RIVIERA BEACH, FL 33404 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE - U000000689048 INEZEDY, MARLIES NAME 04/11/07-80020-015 50:00 1080 GULFSTREAM WAY STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH, FL 33404 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 impowered to execute this report as required by Chapter 608, Florida Statutes.

CITY - ST- ZIP

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #