2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 17, 2006 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # M95000000247 01-17-2006 90061 041 ****50.00 MCC MECHANICAL, L.L.C. Mailing Address Principal Place of Business **3001 17TH STREET** 3001 17TH STREET METAIRIE, LA 70002 METAIRIE, LA 70002 CR2E083 (11/05) 01062006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 72-1298785 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. 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, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE JAEGER, JOSEPH A JR NAME STREET ADDRESS **3001 17TH STREET** CITY-ST-ZIP METAIRIE, LA 70002 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

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

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1/6/06

504-830-4229

Daytime Phone #

FILED