


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT #</b> A03000000479	
<b>1. Entity Name</b> MDM RETAIL, LTD.	

**FILED**

2004 JUN 17 P 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>Principal Place of Business</b> 9090 SOUTH DADELAND BLVD. MIAMI, FL 33156	<b>Mailing Address</b> 9090 SOUTH DADELAND BLVD. MIAMI, FL 33156
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04192004 Chg-LP CR2E003 (10/03)

<b>4. FEI Number</b> 35-2199969	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	
MARSHALL R. PASTERNAK, P.A. 200 SOUTH BISCAYNE BLVD. SUITE 2500 MIAMI, FL 33131	

<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>9. Capital Contributions as Shown on record.</b> \$1,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b> \$11,880,000.00
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b>	L03000010474	<b>STREET ADDRESS</b>	
<b>NAME</b>	MDM II, LLC	<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	9090 SOUTH DADELAND BLVD.		
<b>CITY-ST-ZIP</b>	MIAMI, FL 33156		
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	600036278116
<b>NAME</b>		<b>CITY-ST-ZIP</b>	05/13/04--01075--017 **2276.25
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
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<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
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<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			

*\$526.25*

**14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**  
Date: 4/29/04 Daytime Phone #

STAPLE CHECK HERE