

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022416

FILED
Apr 27, 2005
Secretary of State

Entity Name: MDM GROUP LLC

Current Principal Place of Business:

1300 BRICKELL AVE.
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1300 BRICKELL AVE.
MIAMI, FL 33131

New Mailing Address:

C/O JOSE A. RODRIGUEZ, ESQ.
100 S.E. SECOND STREET, SUITE 2900
MIAMI, FL 33131

FEI Number: 45-0487129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, MILAGROS
1300 BRICKELL AVENUE
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BAIKOVICIUS, DANIEL
Address: 1300 BRICKELL AVE.
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: JUNGEMAN, MARIO RYBAK
Address: 1300 BRICKELL AVE.
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: BAIKOVICIUS, MIGUEL
Address: 1300 BRICKELL AVE.
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DANIEL BAIKOVICIUS

MGRM

04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date