


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000014350  
 1. Entity Name  
 MDLT, LLC



Principal Place of Business 1235 NORTH FLORIDA AVE. TARPON SPRINGS, FL 34689	Mailing Address 1235 NORTH FLORIDA AVE. TARPON SPRINGS, FL 34689
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**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 05-0566946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DRIS, MICHAEL E ESQ.  
 29 NORTH PINELLAS AVE.  
 TARPON SPRINGS, FL 34689

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00 Due by May 1, 2007**

J000000586364  
01/17/07-80011-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIKOS, MICHAEL A 1235 N. FLORIDA AVE. TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIKOS, DIANE 1235 N. FLORIDA AVE. TARPON SPRINGS, FL 34689
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**DO NOT WRITE IN THIS SPACE**

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: *Michael A. Pikos* *Diane Pikos* 1-12-07 727-937-7220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #