


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000089138	
1. Entity Name MD HOLDINGS I, LLC	

Principal Place of Business 13 SW 7TH STREET MIAMI, FL 33130 US	Mailing Address 13 SW 7TH STREET MIAMI, FL 33130 US
---	---

DO NOT WRITE IN THIS SPACE



01062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2271896	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 MICHAEL LATTEARNER & ASSOCIATES, INC. 13 SW 7TH STREET MIAMI, FL 33130
--

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	---	------------

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LATTEARNER, MICHAEL 13 SW 7TH STREET MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSEN, WAYNE 277 GALEON COURT CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000505231
04/26/06-80108-016 50.00

**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 member or trustee who is required to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 	4-5-06 305-372-1266
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>