


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 21, 2005 08:00 AM
Secretary of State

DOCUMENT # M04Q00004638

1. Entity Name
MDR, LLC



Principal Place of Business Mailing Address

14101 NW 4TH STREET 14101 NW 4TH STREET
SUNRISE, FL 33325 SUNRISE, FL 33325

DO NOT WRITE IN THIS SPACE



06292005 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
20-1388317 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RILEY, PAT
14101 NW 4TH STREET
SUNRISE, FL 33325

**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 _____ DATE _____
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 September 7, 2005**

000000373900
07/21/05-80004-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RILEY, JAMES 14101 NW 4TH STREET SUNRISE, FL 33325
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RILEY, PAT 14101 NW 4TH STREET SUNRISE, FL 33325
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: James Riley 6/30/05 954 845 9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #