

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004448

**FILED**  
**Apr 11, 2006**  
**Secretary of State**

**Entity Name:** MDB CONSULTING & LEASING, LLC

**Current Principal Place of Business:**

150 SE 2ND AVENUE, SUITE 1010  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

150 SE 2ND AVENUE, SUITE 1010  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 87-0738638

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOLOGNA, STEFANIA ESQ  
150 SE 2ND AVENUE, SUITE 1010  
MIAMI, FL 33131 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: DAL BO, MARCO  
Address: VIA DEL CENTAURO 77  
City-St-Zip: 00068 RIGNANO FLAMINIO, ROMA,

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DAL BO, MARCO  
Address: VIA DEL CENTAURO 77  
City-St-Zip: RIGNANO FLAMINIO, RM 00068 IT

Title: VP ( ) Change (X) Addition  
Name: SECCHIAROLI, FRANCESCO  
Address: VIA PIETRO BASCOTTI 23  
City-St-Zip: ROME, RM 00188 IT

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARCO DAL BO

MGR

04/11/2006

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