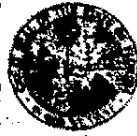


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A03000000479

1. Entity Name
MDM RETAIL, LTD.



Principal Place of Business
**9090 SOUTH DADELAND BLVD.
MIAMI, FL 33156**

Mailing Address
**9090 SOUTH DADELAND BLVD.
MIAMI, FL 33156**



01052006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2199969

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARSHALL R. PASTERNAK, P.A.
200 SOUTH BISCAYNE BLVD.
SUITE 2500
MIAMI, FL 33131**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**1100000541877
05/10/06-80025-015 500.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **L03000010474**
NAME **MDM II, LLC**
STREET ADDRESS **9090 SOUTH DADELAND BLVD.**
CITY-ST-ZIP **MIAMI, FL 33156**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE