2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L000000001411

1. Entity Name M.D. CLERMONT, LLC

Mailing Address

1601 BELVEDERE ROAD SUITE #407 SOUTH WEST PALM BEACH, FL 33406

Principal Place of Business

1601 BELVEDERE ROAD SUITE #407 SOUTH WEST PALM BEACH, FL 33406

FILED Mar 29, 2004 08:00 AM **Secretary of State**



01232004 No Chg-LLC DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number Not Applicable 65-1047549

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (10/03)

5. Name and Address of Current Registered Agent

MAPES, PAUL 1601 BELVEDERE ROAD SUITE #407 SOUTH WEST PALM BEACH, FL 33406

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.	

Filing Fee is \$50.00

Due by May 1, 2004

V08000098900 03/29/04-80062-002 50.00

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE MEYER DEVELOPMENT, LLC NAME STREET ADDRESS 1601 BELVEDERE ROAD

WEST PALM BEACH, FL 33406

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

me NAME STREET ADDRESS CATY-ST-ZIP TITLE

CITY-ST-ZIP

SIGNATURE.

MAME STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS CRY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME

NAME

STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 received or trustee empoyaged to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTING GING MEMBER, OR AUTHOR IZEO REPRESENTATIVE

DO NOT WRITE

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IN THIS SPACE