## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000005901

1. Entity Name

MOT	SOL	<b>JTHEAST</b>	HC
1712-1	-	JIIILAUI	



FILED

1. Entity Name MDT SOUTHEAST LLC					03 JAN 14 PM 4: 24						
	OTTLENOT				100		SE	Chelaniors	TATE		
Principal Place of Business Mailing Address				<u> </u>		, er	L'AHASSEE! FL	ORIDA			
		2875 N.E. 191 STREET			1			,			
604		604	•								
AVENTURA FL 33180 AVENTURA FL 33180							au an aruk aan aan aan aan			BIBL SIEL IBEL	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State		City & State	City & State			4. FEI Num	<sup>nber</sup> 65-112929	17	-	pplied For ot Applicable	
Zip		Country	Zip	Cour	ntry		5. Certifica	te of Status Desired	X	<b>\$5.00</b> Ad	ditional
6. Name and Address of Current Registered Agent				1	i	7 Name ar	nd Address of New F		Fee Require	<del>-</del>	
					Name		r. Name a	IO AUGIESS OF HEW P	registered /	agent.	
KLEIN, THEODORE J ESQ.				Stroot /	Adress /P	O. Pay Num	ber is Not Acceptable				
NORTH MIAMI BEACH FL 33162				Sileer	touless (F.	.O. Box Num	per is Not Acceptable	<del>)</del>	<del></del>		
140	LITTE INTENDED	DEACH FL 33102									
					City				FL	Zip Coc	le
3. The above	e named entity	submits this statement	for the purpose of changing its	s register	ed office o	r registere	d agent or h	oth, in the State of Ele		amiliar with	and conent
the obliga	tions of registe	ered agent.		g		, rogiotoro	a agom, or o	out, in the oldte of the	mua. Taili	arımaı wıdı,	and accept
SIGNATURE											
	Signature, typed o	or printed name of registered age	ent and title if applicable. (NO	TE: Registere	d Agent signal	ture required w	nen reinstating)		DATE		
			FILE N	OW!!! I	FEE IS \$	50.00					
			Make Check Payab				t of State				ļ
			Du	e By Ma	ay 1, 200	3	1				į
).	1	MANAGING MEMI	BERS/MANAGERS	10.				ADDITIONS /	CHANGES		
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itle Iame	MGR	100/	Delete	TITLE						☐ Change	☐ Addition
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I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING

03

305-432-4220

CR2E083 (10/02)