	IMENT # 1 2000	· · · · · · · · · · · · · · · · · · ·	n i	(UBN)	; 				8
DOCUMENT # L0000007699						FILED			
MDC INVESTMENTS, LLC									Ť
Principal Place of Business Mailing Address						01 JAN 29 AM 11: 3	5		
1909-3 CAPITAL CIRCLE. N.E.		1909-3 CAPITAL CIRCLE, N.E.			, i	SECRETARY OF STA ALEAHASSEE, FLOR	ľĘ.		
TALLAHASSE	E FL 32308	TALLAHASSEE FL 32308			"	1 188+1814 St. 58411 SS. BELL BELL SOLL SELL SE	44	B 18118 5851 1861	
2. Principal Place of Business		3. Mailing Address			_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN TH	IS SPACE		
City & State		City & State		<del> </del>	4. FEI	Number 7-3656052	<del></del>	Applied For lot Applicable	<u>.</u>
Zip Country		Zip Coun		atry	5. Certificate of Status Desired Specificate of Status Desired Eee Required				-
	6. Name and Address of Current F	Registered Agent		Name	7. Nan	ne and Address of New Registers			
CARRIERO MICHAEL R									
1909-3 CAPITAL CIRCLE, N.E.				Street Address	s (P.O. Box i	Number is Not Acceptable)			
TALLAHA	SSEE FL 32308			City	<u>.                                      </u>		Zip Cod	de .	4
9 The shows	a parmed entity submits this statement for	Alle a succession of the second of the				<u>-</u>	Zip Cod		-
o. The above	e named entity submits this statement for	the purpose of changing its r	egistere	ed office or regist	erea agent,	or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE:	Registered	d Agent signature requir	ed when reinsta	ting) DATE		<del></del>	
- "	wiii i	FEE IS \$50.00	<u> </u>	,			1		
		Make Check Pay							
9.	MANAGING MEMBE	RS/MEMBERS	10.	ì		ADDITIONS/CHANG	ES		┨
TITLE NAME	MGRM	☐ Delete	TITLE	i I		,	☐ Change	☐ Addition	00/
STREET ADDRESS CITY-ST-ZIP	CARRUTHERS, MICHAEL D 1909-3 CAPITAL CIRCLE, N.E.	C		ET ADDRÉSS		,			E083 (11/00)
TITLE	TALLAHASSEE FL 32308	Delete	TITLE	ST-ZIP			☐ Change	☐ Addition	CR2E0
NAME			NAME			300003654	4383	0	Ö
STREET ADDRESS CITY - ST - ZIP		د ہے۔ جست چجہ		ST-ZIP		==	-01083		
TITLE		☐ Delete	TITLE	1	•	*****50.00	〕 <b>米米米米</b> □ Change	Addition	
NAME Street Address			NAME STREE	T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					1
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STREET ADDRESS CITY-ST-ZIP				T ADDRESS		,			
TITLE	· · · · · · · · · · · · · · · · · · ·		CITY-	ST-ZIP .			Change	Addition	
NAME		<b>22</b> 5000	NAME	1 1		$\mathcal{M}$	□ Change	Addition .	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP	<b>**</b>	1.			
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS			NAME STREE	T ADDRESS					
CITY-ST-ZIP			CITY-S	ST-ZIP					
	ertify that the information supplied with the on this report is true and accurate and the cility company or the receiver or trustee e						ertify that the in per or manage	nformation r of the	
	To see a see		FUIL ETS I	Chap by Chap	nei 606, F16				
SIGNAT	URE: Muell SIGNATURE AND TYPED OR PRINTED NAME OF	IGNING MANAGING MEMBER, MANAG	SER, OR A	UTHORIZED REPRESE	ENTATIVE	1-23-01 Date	Daytime Phone #	<del></del>	