

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000012945

Entity Name: M.D.C., LLC

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

2124 NW 2ND AVENUE  
WILTON MANORS, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

2124 NW 2ND AVENUE  
WILTON MANORS, FL 33311

**New Mailing Address:**

FEI Number: 65-0987550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

EICHOLZ, MATTHEW L  
2124 NW 2ND AVE.  
WILTON MANORS, FL 33311 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: MGRM ( ) Delete  
Name: EICHOLZ, MATTHEW L  
Address: 2124 NW 2ND AVENUE  
City-St-Zip: WILTON MANORS, FL 33311

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MATTHEW L. EICHOLZ

MR.

04/27/2006

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