2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 23, 2004 8:00 am Secretary of State DOCUMENT # L01000005052 1. Entity Name 04-23-2004 90023 017 ****50.00 MPD, LLC Mailing Address Principal Place of Business 12645 RACE TRACK ROAD PO BOX 1175 アメリハアメウス OLDSMAR FL 34677 **TAMPA FL 33626** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) 4. FEI Number Applied For City & State City & State 59-3711806 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHEELER, KATHY Street Address (P.O. Box Number is Not Acceptable) 12645 RACE TRACK RD **TAMPA FL 33626** City Zip Code 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. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. TITLE ☐ Change ☐ Addition TITLE 🚡 MGR ☐ Delete NAME MEARS, RANDY NAME STREET ADDRESS 12645 RACE TRACK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33626 ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- 7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P Change Delete ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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.

FILED

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE