# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 17, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L01000005052

1. Entity Name
MPD, LLC

Principal Place of Business
12645 RACE TRACK ROAD
TAMPA, FL 33626

Mailing Address
PO BOX 1175
OLDSMAR, FL 34677

03242006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-3711806
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WHEELER, KATHY
12645 RACE TRACK RD
TAMPA, FL 33626

**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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

UD00000515821
04/29/06-80221-003 50.00

**Filing Fee is $50.00**
**Due by May 1, 2006**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGR |
| NAME | MEARS, RANDY |
| STREET ADDRESS | 12645 RACE TRACK ROAD |
| CITY-ST-ZIP | TAMPA, FL 33626 |
| TITLE | |
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| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Randy Mears M.M. 4/11/06 813 854 4486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #