

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005551

Entity Name: M.C.D.P., LTD. CO.

FILED
Jan 27, 2005
Secretary of State

Current Principal Place of Business:

P.O. BOX 2515
STATELINE, NV 89449

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2515
STATELINE, NV 89449

New Mailing Address:

FEI Number: 65-1095335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES-FAULI CORPORATE SERVICES INC
BROWARD FINANCIAL CENTRE
500 E BROWARD BLVD SUITE 1400
FT LAUDERDALE, FL 33394 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/MEMBERS:

Title: MGR () Delete
Name: MARSH, SHANNAN N
Address: 395 SW 16TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: DESANTIS, CYNTHIA& DAMON
Address: 1212 NW 11TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: MGRM () Delete
Name: H & N ENTERPRISES, I, NC.
Address: 48617 TENNYSON AVE
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Delete
Name: PATRICIA & GEARY COT, TON
Address: 615 IDLEWOOD DR
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARSH, SHANNON N
Address: 395 SW 16TH STREET
City-St-Zip: BOCA RATON, FL 33432

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

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

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 Section 119.07(3)(i), 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: SHANNON MARSH

MGR

01/27/2005

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