2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2007
Secretary of State

DOCUMENT# L01000005551

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

Current Principal Place of Business:

P.O. BOX 2515
STATELINE, NV 89449

New Principal Place of Business:

225 SO. MARTIN
STATELINE, NV 89449

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/MANAGERS:

Title:	MGR	( ) Delete
Name:	MARSH, SHANNON 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: SHANNON MARSH MGR 03/25/2007

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