2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005551

615 IDLEWOOD DR

FORT LAUDERDALE, FL 33301

Address:

City-St-Zip:

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

FILED Jan 06, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
225 SO. M STATELIN	IARTIN IE, NV 89449			
Current Mailing Address:			New Mailing Address:	
P.O. BOX STATELIN	2515 IE, NV 89449			
FEI Number	: 65-1095335	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
450 E. LAS #1400	ORATE SERV S OLAS BOULI ERDALE,, FL	EVARD		
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both
SIGNATUI	RE:			
	Electror	ic Signature of Registered Ag	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () MARSH, SHANI 395 SW 16TH S BOCA RATON,	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DESANTIS, CY 1212 NW 11TH	Delete NTHIA& DAMON STREET DALE, FL 33323	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () H & N ENTERP 48617 TENNYS TAMPA, FL 33	ON AVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	` '	Delete EARY COT, TON	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: SHANNON MARSH MGR 01/06/2008