## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0100005551

1. Entity Name



## **FILED** Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90020 031 \*\*\*\*50.00

	M.C.D.P., LTD. CO.			No.		
STATELINE NV 9849  2. Protopal Pace of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Country  To  Cou	Principal Place	of Business	Mailing Address	1 <u></u>		
Suite, Apt. 4, etc.  City & State  City & St	P.O. BOX 2515 STATELINE NV 89449					
Chy & State  County  Sp. Cordificate of Status Desired  Sp. County  Namo  Namo  Namo  Street Address of New Registered Agent  Namo  Street Address of New Registered Agent  City  FL  Zip Code	2. Principal Pla	ace of Business	3. Mailing Address			
Zip   Country   Zip   Country   S. Carificate of Status Desired   S. O. Additional Pose Required   Status Desired   S. O. Additional Pose Required   Status Desired   S. O. Additional Pose Required   Status Desired   S. O. Additional Pose Required   Street Additional (P.O. Box Number is Not Acceptable)   S. O. Additional Registered   Street Additional (P.O. Box Number is Not Acceptable)   S. O. Additional Registered   S. O. Additiona	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES	
S. Certification of states bearing in States Dearing in States Dea	City & State				05 1083333	
Name Size Address (P.O. Box Number is Not Acceptable)  Size Address (P.O. Box Number is Not Acceptable)  City FL   Zip Code  C	Zip	Country	Zip	Country		
VALDES-FAULL CORPORATE SERVICES INC BROWARD FINANCIAL CENTRE 500 E BROWARD BLVD SUITE 1400  FI LAUDERDALE FL 33394  City FL Zip Code  City BL Zip Code  City		6. Name and Address of Current	t Registered Agent		7. Name and Address of New Registered Agent	
BROWARD BLVD SUITE 1400 FT LAUDERDALE FL 33394  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent.  SIGNATURE    Signature, upper or printed name of registered agent agent is presented agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent.    File Now!!!   FEE   IS \$50.00		NEO EAULI CODDODATE CEDATO	EQ INC	Name		
S. The above ramed entity submits his 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 privated rame of registered agent and life 1 Applicable.  SIGNATURE  Signature, typed or privated rame of registered agent and life 1 Applicable.  SIGNATURE  Signature, typed or privated rame of registered agent and life 1 Applicable.  SIGNATURE  Signature, typed or privated rame of registered agent and life 1 Applicable.  SIGNATURE  Signature, typed or privated rame of registered agent and life 1 Applicable.  SIGNATURE  Signature, typed or privated rame of registered agent and life 1 Applicable.  SIGNATURE  Signature, typed or privated rame of registered agent and life 1 Applicable.  SIGNATURE Signature agent and signature required when norrotating)  Make Check Payable to Florida Department of State Due By May 1, 2003  SIGNATURE 1 B. ADDITIONS /CHANGES  OLYY-SI-2P  MARSH, SHANNAN N  SIGNATURE 1 D. ADDITIONS /CHANGES  SITER ADDITIONS /CHANGES  CITY-SI-2P  SIGNATURE 1 D. ADDITIONS /CHANGES  CITY-SI-2P  SIGNATURE 1 D. ADDITIONS /CHANGES  CITY-SI-2P  Addition  NAME  SITER ADDRESS  CITY-SI-2P  MARSH  AGRIM DESANTIS, CYNTHIAB DAMON  1212 NW 11TH STREET  SITER ADDRESS  CITY-SI-2P  SITER ADDRESS  CITY-SI-2P  TITLE  MARSH  MARSH  SITER ADDRESS  CITY-SI-2P  TITLE  MARSH  AGRIM Deside  TITLE  NAME  SITER ADDRESS  CITY-SI-2P  Change Addition  NAME  SITER ADDRESS  CITY-SI-2P  Change Addition  Addition  AMAE  SITER ADDRESS  CITY-SI-2P  Change Addition  AGRIM Deside  TITLE  NAME  SITER ADDRESS  CITY-SI-2P  Change Addition  AGRIM Deside  TITLE  NAME  SITER ADDRESS  CITY-SI-2P  Change Addition  AGRIM Deside  TITLE  NAME  SITER ADDRESS  CITY-SI-2P  Change Addition  AGRIM Deside  TITLE  NAME  SITER ADDRESS  CITY-SI-2P  Change AGRICAN  Change AGRICAN  Change AGRICAN  Addition  AGRIM Deside  Addition  AGRIM Deside  Change AGRICAN  Addition  AGRIM Deside  Change AGRICAN  Addition  AG	BROWARD FINANCIAL CENTRE			Street Addres	ess (P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE   SIGNAT						
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FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGR MARSH, SHANNAN N  SIRECT ADDRESS CITY-ST-ZIP  MGRM DESANTIS, CYNTHIA& DAMON 1212 NW 11TH STREET  FORT LAUDERDALE FL 33233  TITLE MGRM Delete  TITLE MGRM Delete  TITLE MGRM DESANTIS, CYNTHIA& DAMON 1212 NW 11TH STREET  FORT TAUDERDALE FL 33233  TITLE MGRM Delete  TITLE MGRM Delete  TITLE MGRM Delete  TITLE MGRM DESANTIS, CYNTHIA& DAMON 1212 NW 11TH STREET  CITY-ST-ZIP  TITLE MGRM Delete  TITLE MGRM DESANTIS, CYNTHIA& DAMON 1212 NW 11TH STREET  TORT TAUDERDALE FL 33233  TITLE MGRM DELETE  TITLE M			for the purpose of changing	its registered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and accep	
FILE NOW:   FEE IS \$50.00	SIGNATURE _	Signature typed or printed name of registered good	at and title it applicable	NOTE: Registered Agent signature reg	puired when reinstating) DATE	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGR MARSH, SHANNAN N STRET ADDRESS CITY-ST-ZIP MGRM DESANTIS, CYNTHIA& DAMON SIREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME		Signature, typed or printed frame or registered agen				
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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.

2/12/2003 (954)629-5635