2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000014803

1. Entity Name M & D LLC

CITY-ST-ZIP



Principal Place of Business

43 COUNTRY CLUB ROAD NORTH KEY LARGO, FL 33037

115

Mailing Address

43 COUNTRY CLUB ROAD NORTH KEY LARGO, FL 33037

HS

FILED Mar 18, 2004 08:00 AM Secretary of State



03152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1134440 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HILLENBRAND, DANIEL A 43 COUNTRY CLUB ROAD NORTH KEY LARGO, FL 33037

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 (NO)		(NOTE. Registered Agent signature required when reinstating)	OATE
Filing Fee is \$50.00 Due by May 1, 2004		U00000091920 83/18/04-80028-008 50.00	
9.	MANAGING MEMBERS/MANAGERS		
TITLE	P		
NAME	HILLEBRAND, MARY H	l l	
STREET ADDRESS	43 COUNTRY CLUB ROAD		
CITY-ST-ZIP	NORTH KEY LARGO, FL 33037		- -
TITLE	VP		
NAME	HILLENBRAND, DANIEL A		
STREET ADDRESS	43 COUNTRY CLUB ROAD		
CITY-ST-ZIP	NORTH KEY LARGO, FL 33037		
TITLE			
NAME			
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11. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under outn; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-15-04 305/367-429

of A Hillewarend