

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90117 041 ****50.00

DOCUMENT # L01000014803

1. Entity Name
M & D LLC



Principal Place of Business

**43 COUNTRY CLUB ROAD
NORTH KEY LARGO FL 33037
US**

Mailing Address

**43 COUNTRY CLUB ROAD
NORTH KEY LARGO FL 33037
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1134440**

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	P	<input type="checkbox"/> Delete
NAME	HILLEBRAND, MARY H	
STREET ADDRESS	43 COUNTRY CLUB ROAD	
CITY-ST-ZIP	NORTH KEY LARGO FL 33037	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HILLENBRAND, DANIEL A	
STREET ADDRESS	43 COUNTRY CLUB ROAD	
CITY-ST-ZIP	NORTH KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing 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 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: *Mary Hillebrand* **SIGNATURE REQUIRED**

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

1/6/03
Date

305/367-4293
Daytime Phone #

CR2E083 (10/02)