


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000016648</b> 1. Entity Name MDK VENTURES, L.L.C.	
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Principal Place of Business 1180 JACARANDA BLVD VENICE, FL 34292	Mailing Address 1180 JACARANDA BLVD VENICE, FL 34292
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01062006No Chg-LLC

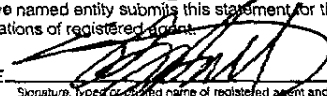
CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 23-3095154	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  HOLT, KEVIN F 1180 JACARANDA BLVD VENICE, FL 34292
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IN THIS SPACE**

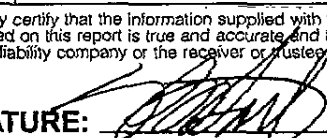
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable</small>	<i>President Kevin F. Holt 1/6/06</i> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOLT, KEVIN F 8575 CLINTWOOD ROAD QUINTON, VA 23141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GASPARINI, JEFFREY P 2111 GALLOWAY TERRANCE MIDLOTHIAN, VA 23113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERENGER, LARRY L 2857 HIGHLAND VIEW CIRCLE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/20/06-80008-014 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 609, Florida Statutes.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<i>Kevin F. Holt</i>	<i>1/06/06</i> <small>Date</small>	<i>941-584-654</i> <small>Daytime Phone #</small>