

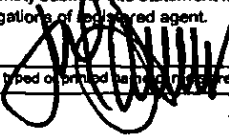
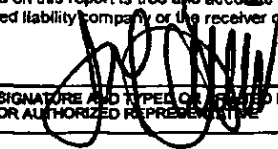
FILED  
Jun 23, 2003 8:00 am  
Secretary of State

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05-05-2003 92166 017 \*\*\*\*50.00

LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

44004873

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> L01000018924                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  |
| <b>1. Entity Name</b><br>MD CREATIONS LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |
| <b>2. Principal Place of Business</b><br>520 NW 89th TERRACE<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3. Mailing Address</b><br>8362 PINES BLVD<br>Suite, Apt. #, etc.<br>SUITE 390 |
| <b>City &amp; State</b><br>PEMBROKE PINE, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>City &amp; State</b><br>PEMBROKE PINES, FL                                    |
| <b>Zip</b><br>33024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Country</b>                                                                   |
| <b>4. FEI Number</b><br>65-1151329                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |
| <b>Applied For</b><br>Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |
| <b>7. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  |
| Name<br>JOHNNY TSIMOGIANNIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |
| Street Address (P.O. Box Number is Not Acceptable)<br>999 PONCE DE LEON BLVD                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |
| SUITE 601                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  |
| City<br>CORAL GABLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Zip Code<br>FL 33024                                                             |
| <b>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.</b>                                                                                                                                                                                                                                                                                 |                                                                                  |
| <b>SIGNATURE</b><br>                                                                                                                                                                                                                                                                                                                                                                                                               | <b>DATE</b><br>04/28/03                                                          |
| <b>FEE IS \$50.00</b><br>Make Check Payable to Florida Department of State<br>DUE BY MAY 1                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |
| <b>TITLE</b><br>MEM MANAGER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>TITLE</b>                                                                     |
| <b>NAME</b><br>TSIMOGIANNIS, JOHNNY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>NAME</b>                                                                      |
| <b>STREET ADDRESS</b><br>999 PONCE DE LEON BLVD, SUITE 601                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>STREET ADDRESS</b>                                                            |
| <b>CITY - ST - ZIP</b><br>CORAL GABLES, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>CITY - ST - ZIP</b>                                                           |
| <b>TITLE</b><br>MEM MANAGER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>TITLE</b>                                                                     |
| <b>NAME</b><br>TSIMOGIANNIS, LILY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>NAME</b>                                                                      |
| <b>STREET ADDRESS</b><br>999 PONCE DE LEON BLVD, SUITE 601                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>STREET ADDRESS</b>                                                            |
| <b>CITY - ST - ZIP</b><br>CORAL GABLES, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>CITY - ST - ZIP</b>                                                           |
| <b>TITLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>TITLE</b>                                                                     |
| <b>NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>NAME</b>                                                                      |
| <b>STREET ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>STREET ADDRESS</b>                                                            |
| <b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>CITY - ST - ZIP</b>                                                           |
| <b>TITLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>TITLE</b>                                                                     |
| <b>NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>NAME</b>                                                                      |
| <b>STREET ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>STREET ADDRESS</b>                                                            |
| <b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>CITY - ST - ZIP</b>                                                           |
| <b>TITLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>TITLE</b>                                                                     |
| <b>NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>NAME</b>                                                                      |
| <b>STREET ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>STREET ADDRESS</b>                                                            |
| <b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>CITY - ST - ZIP</b>                                                           |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |
| <b>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.</b> |                                                                                  |
| <b>SIGNATURE:</b><br>                                                                                                                                                                                                                                                                                                                                                                                                             | <b>JOHNNY TSIMOGIANNIS</b>                                                       |
| <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b>                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DATE</b><br>04/28/03                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Daytime Phone #</b><br>305-442-1028                                           |