


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90041 024 \*\*\*\*55.00

<b>DOCUMENT #</b> L02000018194	
<b>1. Entity Name</b> MDC FLORIDA, LLC	

<b>Principal Place of Business</b> 201 N. U.S. HIGHWAY 1 STE. D-5 JUPITER FL 33477	<b>Mailing Address</b> 201 N. U.S. HIGHWAY 1 STE. D-5 JUPITER FL 33477
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<b>2. Principal Place of Business</b> 3501 PGA Blvd.	<b>3. Mailing Address</b> 3501 PGA Blvd.
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201

<b>City &amp; State</b> Palm Beach Gardens, FL	<b>City &amp; State</b> Palm Beach Gardens, FL
<b>Zip</b> 33410	<b>Country</b> Palm Beach

<b>4. FEI Number</b> 43-1968027	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  VEGOSEN, DEAN 515 NORTH FLAGLER DRIVE 18TH FL WEST PALM BEACH FL 33401
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>
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9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <input type="checkbox"/> Delete MENIN, CRAIG I 201 N. US HWY, ONE D-5 JUPITER FL 33477
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3501 PGA Blvd., Suite 201 Palm Beach Gardens, FL 33410
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Robert C. Jacoby, MGRM</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3501 PGA Blvd., Suite 201 Palm Beach Gardens, FL 33410
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** \_\_\_\_\_ **2-5-04** **561-282-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #