2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000022270

1. Entity Name MCDSPBL, LLC



FILED Apr 26, 2004 08:00 AM Secretary of State

Principal Place of Business

800 NORTH FLAGLER DRIVE WEST PLAM BEACH, FL 33401 US Mailing Address

800 NORTH FLAGLER DRIVE WEST PLAM BEACH, FL 33401

US



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR MINISED HANG OF SIGNING MANAGING MEMBER, ON AUTHORIZED REPRESENTATIVE

04162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 52-2377144

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, RANDALL F 800 NORTH FLAGLER DRIVE WEST PLAM BEACH, FL 33401

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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 Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE		
Filing Fee is \$50.00 Due by May 1, 2004		800000128503 84/26/04-80041-008 50.00
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMILTON, HARRY S 800 N FLAGLER DR WEST PALM BEACH, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
title Name Street address City - St - Zip		DO NOT WRITE
TITLE NAME. STREET ADDRESS CITY-\$1-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS		
TITLE NAME STREET ADDRESS CITY-S1-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.		