


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000022270</b> 1. Entity Name MCDSPBL, LLC	
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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
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**DO NOT WRITE IN THIS SPACE**



04262005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 52-2377144	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  GREENE, RANDALL F 800 NORTH FLAGLER DRIVE WEST PLAM BEACH, FL 33401
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

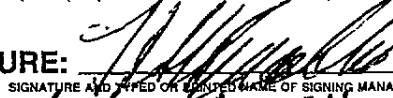
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAMILTON, HARRY S 800 N FLAGLER DR WEST PALM BEACH, FL 33401
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U00000349986  
05/02/05-80086-023 50.00

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IN THIS SPACE**

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:  4/27/05 (561) 655-3113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #