
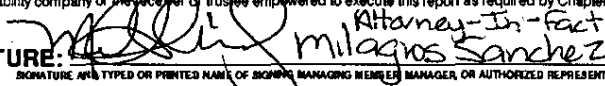


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90064 008 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000022416				
1. Entity Name MDM GROUP LLC				
Principal Place of Business 1300 BRICKELL AVE. MIAMI, FL 33131		Mailing Address 1300 BRICKELL AVE. MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
RODRIGUEZ, JOSE A 160 ALHAMBRA CIRCLE SUITE 1270 CORAL GABLES, FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when assisting)</small>				
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAJKOVICIUS, DANIEL	NAME		
STREET ADDRESS	1300 BRICKELL AVE.	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JUNGERMAN, MARIO RYBAK	NAME		
STREET ADDRESS	1300 BRICKELL AVE.	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAJKOVICIUS, MIGUEL	NAME		
STREET ADDRESS	1300 BRICKELL AVE.	STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 sole partner or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.				
SIGNATURE: 		Date: 4/27/03		Daytime Phone #: 305-351-1000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				

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CHECK HERE IF MAKING CHANGES

CFR2E083 (10/02)