


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90171 012 ****50.00

DOCUMENT # L02000029093	
1. Entity Name MFD INVESTMENTS, LLC	

Principal Place of Business 803 SOUTHWEST 1ST AVE. OCALA, FL 34474	Mailing Address 803 SOUTHWEST 1ST AVE. OCALA, FL 34474
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2. Principal Place of Business 2801 SE 1st Avenue Suite, Apt. #, etc. Suite 101 City & State Ocala, Florida Zip 34471 Country USA	3. Mailing Address 2801 SE 1st Avenue Suite, Apt. #, etc. Suite 101 City & State Ocala, Florida Zip 34471 Country USA
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01192006 Chg-LLC CR2E083 (11/05)

4. FEI Number 32-0040121	Applied For <input 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 DELCHARCO, MANUEL F JR. 803 SOUTHWEST 1ST AVE. OCALA, FL 34474	7. Name and Address of New Registered Agent Name: Delcharco, Manuel F. JR. Street Address (P.O. Box Number is Not Acceptable) 2801 SE 1st Avenue Suite 101 City: Ocala FL Zip Code 34471
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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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELCHARCO, MANUEL F JR. 803 SOUTHWEST 1ST AVE. OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Delcharco, Manuel F. JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2801 SE 1st Avenue, Suite 101 Ocala, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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 exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/7/06