2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 15, 2004 8:00 am Secretary of State **DOCUMENT # L03000001910** 04-15-2004 90113 047 ****50.00 MDE INVESTMENT I, LLC Principal Place of Business Mailing Address -1670 WEST-55TH PLACE-· 1570 WEST 55TH PLACE HIALEAH, FL 33012 HIALEAH, FL 33012 2. Principal Place of Business 3. Mailing Address 13767 N.W. 13767 N.W. 20th Suite, Apt. #, etc. Suite, Apt. #, etc. 02102004 Chg-LLC CR2E083 (10/03) Pembroke Pines sity & State enbroke Pines, 4. FEI Number 05157 Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required =6.⁴Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Gipciaco, Marcos EGIPCIACO, MARCOS 1570 WEST 55TH PLACE HIALEAH, FL 33012 8. The above ed entity submits tement 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 obligati EST PCIACO MARCOS Filing Fee is \$50.00 Make check payable to Due by May 1, 2004 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE TITLE □ Delete ☐ Addition EGIPCIACO, MARCOS NAME 13767 N.W. 20th STREET PEMBROKE PINES, FC. NAME 1570 WEST 55TH PLACE STREET ADDRESS STREET ADDRESS HIALEAH, FL 33012-CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE 13767 N.W. 20H STREET EGIPCIACO, DANIEL NAME NAME 6604 WEST 22ND CT. STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 CITY-ST-ZIP CiTY-ST-ZIP TITLE 🚅 🔲 Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CtTY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ 'Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ormation 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 tue 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 he receiver or trusted ampowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that t indicatéd on this rep limited liability compa

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