


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L03000010295 1. Entity Name MDM I, LLC	
---	---

Principal Place of Business 9090 SOUTH DADELAND BLVD. MIAMI, FL 33156	Mailing Address 9090 SOUTH DADELAND BLVD. MIAMI, FL 33156
---	---

DO NOT WRITE IN THIS SPACE



01102007No Chg-LLC CR2E083 (11/05)

4. FEI Number 33-1049735	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

PASTERNAK, MARSHALL R PA
 200 SOUTH BISCAYNE BLVD., STE. 2500
 MIAMI, FL 33131

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 _____

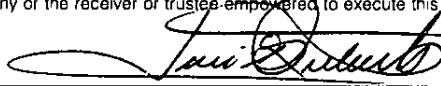
**Filing Fee is \$50.00
 Due by May 1, 2007**

U00000757573
 05/23/07-80075-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PULENTA, LUIS A 9090 SOUTH DADELAND BLVD. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLAS, RICARDO 9090 SOUTH DADELAND BLVD. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____