

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000013605

1. Entity Name
M-D INVESTMENTS, LLC



Principal Place of Business

**1109 EATON STREET
KEY WEST, FL 33040**

Mailing Address

**1109 EATON STREET
KEY WEST, FL 33040**



01182006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2675713

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEBOER, ERIK
1109 EATON STREET
KEY WEST, FL 33040**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DEBOER, ERIK
STREET ADDRESS	1109 EATON STREET
CITY- ST- ZIP	KEY WEST, FL 33040
TITLE	MGR
NAME	MANLEY, RICHARD L
STREET ADDRESS	1109 EATON STREET
CITY- ST- ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1100001394707
01/26/06-80021-011 50.00

**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:

Erik deBoer **ERIK deBoer**

1/18/06 305-274-2607

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

Date

Daytime Phone #