

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000021120

1. Entity Name
M.D.M., LLC



Principal Place of Business
**6320 205TH STREET EAST
BRADENTON, FL 34211-7308**

Mailing Address
**6320 205TH STREET EAST
BRADENTON, FL 34211-7308**



01182006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0088556	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

**HUNSADER, MICHAEL T
6320 205TH STREET EAST
BRADENTON, FL 34211-7308**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNSADER, MICHAEL T 6320 205TH STREET EAST BRADENTON, FL 342117308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNSADER, DAVID J 6320 205TH STREET EAST BRADENTON, FL 342117308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAYE, MARCUS F JR. 6320 205TH STREET EAST BRADENTON, FL 342117308
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02/21/06-80038-015 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: *Marcus F. Raye Jr.* (Marcus F. Raye Jr.) 2/6/06 (941)322-1195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #