


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90029 001 ****50.00

DOCUMENT # L03000040104		
1. Entity Name MDL, LLC		

Principal Place of Business 2162 NW PALM BAGE TRAIL STUART FL 34994	Mailing Address 2162 NW PALM BAGE TRAIL STUART FL 34994 <i>Change of address</i>
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2. Principal Place of Business 4396 SE Frazier Ct	3. Mailing Address 4396 SE Frazier Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State Stuart FL	City & State Stuart, FL
Zip 34997	Zip 34997
Country	Country

4. FEI Number 37-1483031	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LADD, ROBERT J 2395 NW 22ND AVENUE STUART FL 34994	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LADD, ROBERT J 2162 NW PLUMBAGO TRAIL STUART FL 34994
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4396 SE Frazier Ct Stuart, FL 34997
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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 #

4/27/06 *772-485-9500*