


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90058 016 ****50.00

DOCUMENT # L03000040104 1. Entity Name MDL, LLC					
Principal Place of Business 4396 SE FRAZIER CT STUART FL 34997			Mailing Address 4396 SE FRAZIER CT STUART FL 34997		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 37-1483031 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent LADD, ROBERT J 2395 NW 22ND AVENUE STUART FL 34994			7. Name and Address of New Registered Agent Name <i>Ladd, Robert J.</i> Street Address (P.O. Box Number is Not Acceptable) <i>4396 SE Frazier Ct</i> City <i>Stuart</i> FL Zip <i>34997</i>		
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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LADD, ROBERT J 4396 SE FRAZIER CT STUART FL 34997 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>[Signature]</i>			Date <i>2/5/07</i> Daytime Phone # <i>772-485-9500</i>		



1st MOORE CR2E083 (10/06)

*Address
change
only*