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Secretary of State

03-31-2004 90348 017 ****50.00

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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000050378

1. Entity Name
MCD HOLDINGS, L.L.C.

34003639

Principal Place of Business	Mailing Address
4340 SHERIDAN STREET, SECOND FLOOR HOLLYWOOD, FL 33021	4340 SHERIDAN STREET, SECOND FLOOR HOLLYWOOD, FL 33021

02132004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
16300 NE 19 ave		16300 NE 19 ave	
Suite, Apt. #, etc.: Suite 240		Suite, Apt. #, etc.: Suite 240	
City & State: N. Miami Beach, Fl		City & State: N. Miami Beach, Fl	
Zip: 33162	Country: USA	Zip: 33162	Country: USA

4. FEI Number 76-0746736 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SERFATY, CHARLES S
4340 SHERIDAN STREET, SECOND FLOOR
HOLLYWOOD, FL 33021

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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHEMLA, MAEL 4340 SHERIDAN STREET, SECOND FLOOR HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] MAEL CHEMLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Fri,13 Feb 2004 10:17:43