


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90027 031 ****50.00

DOCUMENT # L03000050378	
1. Entity Name MCD HOLDINGS, L.L.C.	

Principal Place of Business 16300 NE 19 AVE STE 240 NORTH MIAMI BEACH, FL 33162	Mailing Address 16300 NE 19 AVE STE 240 NORTH MIAMI BEACH, FL 33162
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2. Principal Place of Business <i>Same</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc. <i># 217</i>	Suite, Apt. #, etc. <i># 217</i>

City & State	City & State
Zip	Country

04182006 Chg-LLC CR2E083 (11/05)



6. Name and Address of Current Registered Agent SERFATY, CHARLES S 4340 SHERIDAN STREET, SECOND FLOOR HOLLYWOOD, FL 33021	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<i>16300 NE 19th Ave</i>
	<i>Suite # 217</i>
City	<i>N. Miami Beh FL</i>
Zip Code	<i>33162</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.

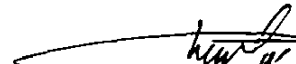
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MGR CHEMLA, MAEL 4340 SHERIDAN STREET, SECOND FLOOR HOLLYWOOD, FL 33021</i>
	<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	<i>16300 NE 19th Ave</i>
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<i>Suite # 217</i>
	<i>N. Miami Beh, FL 33162</i>
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 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:  *4/15/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #