## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000001601

Entity Name: MPS3D, LLC

Address:

City-St-Zip:

POMPANO BEACH, FL 33069

FILED Jan 08, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1000 WEST MCNAB ROAD SUITE 200 POMPANO BEACH, FL 33069 **New Mailing Address: Current Mailing Address:** 1000 WEST MCNAB ROAD SUITE 200 POMPANO BEACH, FL 33069 FEI Number: 20-0907297 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, STEPHEN C 1000 WEST MCNAB ROAD SUITE 200 POMAPNO BEACH, FL 33069 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete MILITA, MICHAEL D Name: Name: 1000 WEST MCNAB ROAD, SUITE 200 Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: MGR Title: () Delete () Change () Addition PINA, RICK R Name: Name: Address: 300 ARAGON AVENUE, SUITE 360 Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SMITH, STEPHEN C Name: Name: 1000 WEST MCNAB ROAD, SUITE 200 Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: SMITH, CRAIG A Name: 1000 WEST MCNAB ROAD, SUITE 200 Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SCHRINER, GENE R Name: Name: 1000 WEST MCNAB ROAD, SUITE 200

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: STEPHEN C. SMITH **MGRM** 01/08/2007