2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000010340

1. Entity Name
MMD INVESTMENT GROUP LLC



FILED
Jan 11, 2008 08:00 A
Secretary of State

Principal Place of Business

Incipal Flace of Business

540 N. SEMORAN BOULEVARD ORLANDO, FL 32708 Mailing Address

540 N. SEMORAN BOULEVARD ORLANDO, FL 32708



01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For S6-2491261 Not Applicable

5. Certificate of Status Desired Fee Required Fee Required

6. Name and Address of Current Registered Agent

MANGLARDI, MICHAEL 540 N. SEMORAN BOULEVARD ORLANDO, FL 32708 DO NOT WRITE IN THIS SPACE

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 appricable	(NOTE, Registered Agent signature required when reinstating) DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME STREET ADDRESS	MANGLARDI, MICHAEL 540 N. SEMORAN BOULEVARD	
CITY-ST-ZIP	ORLANDO, FL 32708	1
TITLE		01/41/08#80025 - 024/138775
NAME		
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CITY-ST-ZIP		

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 nustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MALCHARY COLORS

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR ANTHORIZED REPRESENTATIVE

1-9-00

407.3814123

Daytime Phone #