

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040577

FILED  
Apr 19, 2005  
Secretary of State

Entity Name: MDG FORUM 11, LLC

**Current Principal Place of Business:**

2180 IMMOKALEE ROAD, SUITE 308  
NAPLES, FL 34110

**New Principal Place of Business:**

2180 IMMOKALEE ROAD  
SUITE 309  
NAPLES, FL 34110

**Current Mailing Address:**

2180 IMMOKALEE ROAD, SUITE 308  
NAPLES, FL 34110

**New Mailing Address:**

2180 IMMOKALEE ROAD  
SUITE 309  
NAPLES, FL 34110

FEI Number: 20-1189592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LADEMAN, CARRIE E  
3200 TAMiami TRAIL NORTH, SUITE 200  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

KLOHN, WILLIAM L  
2180 IMMOKALEE ROAD  
SUITE 309  
NAPLES, FL 34110 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: WILLIAM L. KLOHN

04/19/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MDG CAPITAL CORPORAT, ION  
Address: 2180 IMMOKALEE ROAD, SUITE 308  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MDG CAPITAL CORPORAT, ION  
Address: 2180 IMMOKALEE ROAD, SUITE 309  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: WILLIAM L. KLOHN

MGRM

04/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date